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MARYLAND STATE DEPARTMENT OF HEALTH

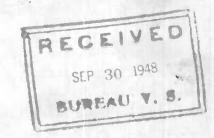
2411 N. Charles St., Baltimore

Dr. Ditto.

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County Washington	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Laryland county Washington	***************************************	
City or town	City or town Hagerstown . (If outside city or town limits, write RURAL and give neares		
How long in above place of death? 1 hr.			
Hospital, institution, or street address where death occurred: 289 Frederick St.	Street No. Roxbury Rd.		
	([Erural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Nu	mber	
John Joseph Allen			
4. Sea 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W divorced	2D. DATE DF DEATH Sept/ 2 4/48 EDT 19	11;55	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: fhat I attended discease		
6.(c) If allve, give ageyears			
7. Birth date of deceased (mo., day, yr.) July 12 1890	and that I lasf saw halive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION	
58 2 13hrsmln.	coronary heart disease		
9. Birthplace Baltimore Maryland. (Town, county, and state)	Due to (arteriosclerotic)	•	
1D. Usual occupation Lowyer-	nu scute coronary occlusion		
1B. Usual occupation.	Due to acute coronary occlusion		
11. Industry or business			
置 12. Name Jereniah Allen	Other conditions		
3 13. Birthplace Rockland Maine	(Include pregnancy within 3 months of death)		
# 14. Maiden name Mary A Noon			
	Major findings of operations.		
2 15. Dirthplace Ireland	no Date of op.		
16. Informant Mrs John J Allen	Autopsy results		
Address Baltimore Maryland,	PHYSICIAN: Please underline the cause to which death should be charged sta-	istically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Burial Date thereof 9 28 48. (Burial eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or RestnHaven	Whers did Injury occur?		
Location Hagerstown, Maryland.	Injured at home farm, Industry, public place (where?)		
18. Funeral director Andrew K. Coffman	Means of Injury Injured af work?		
Address 40 East Antietam St.	23. SIGNED Robert Wells WASH.	EDICAL EXAM.	
	23. SIGNAS , COULD NOTES WASH.	CO.,MD	
19 Lefet 28, 1948 Suntil Jower (Date pc'd by registrar) Registrar	Address Hajertowy ud Date sides	1-2748	



NOTES OF SELECTION OF SELECTION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Diat.	No.	>	0	-

	Reg. Dist. No.
1. PLACE OF DEATH: D	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State md County Washington
City or town	2
How long in above place of death?	11-1- 1- 1210411
0	Street No. (Moral, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	AUGH MOUR
4. Sex 3. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
11. Wedauck	20. DATE OF DEATH September 7 19.48 at 33 P. M
8.(b) Name of husband or wise and and alientery by	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from
8.(c) A allve (art agt years	and that I lost by h marilyo an Schlember 7, 19 48
7. Birth date of deceased (mo., day, yr.) Seht. 6. 1876	and that I last saw h
8. AGE: Years Months Days It less than one day	Exelval Thrombosis Since
hrs. min.	July 23
9. Birthplace (Covyl, county, and state)	Oue to
10. Usual occupation Taxmer	
11. industry or business P Farmy	Due to
	Other conditions Previous Thromboses
12. Name 20. Guahuntang 4. 13. Birthplace Shehlsensling	(Include pregnuncy within 3 months of death)
# 14. Maiden name apagail Trift	
14. Maiden name Afagail Trifft 15. Birthpiace Stephenology	Major findings of operations. Date of op.
16. Informani Mrs Homes Birack	Autonsy results
Address Hagerstown RAH4	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13 Bala thanks 10/48	22. Violence: It death was due to external causes, fill in the tollowing;
(Burial, cremution, or removat. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or Celland	Where did Injury occur? (City or town) (County) (State)
Location Man Frencaste 14	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury tnjured at work?
Address Reentatty 11	23 SIGNATURE E. Ree Perter m. D.
Sept. 9. 1949 Great Bowers	Para a fine 2 Pa M. D. or other
(Date rec'd by registrar) Registrar	Address remarkers 1 a Date signed 2016

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

097(13 Reg. Diat. No360

1. PLACE OF DEATH: County	State Maryland County Washington City or town Rural Sharpsburg (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)			
3.(a) FULL NAME John D. Baker	3. (b) Social Security Number None			
4. Sex S. Color or race Male White Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH			
B.(b) Name of husband or wife. Mammie Gray Baker 8.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. 10. 19. 48. Immediate cause of death DURATION Due to. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 48. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
16. Interment Mrs. Mammie Baker Address Harper's Ferry R. D. #1	Autopsy results			
t7. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Mt. View Location Sharpsburg, Md 18. Funeral director R. I. Earnshaw Medicas Keedysville, Md	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	M, D. or other			



age	2411 N. Charle	es St., Baltimore					
rect	CERTIFICATE OF DEATH Reg. Diat. No. 307						
cor by.	1. PLACE OF DEATH: COUNTY Was him o ton	2. USUAL RESIDENCE (HOME) OF (For newborn fafants give residence of the control o	F DECEASED:				
	Cily or town (If outsign city or town limits, write RURAL and give nearest town)	State Maryland Course City or town Clears T.	6				
on carefull clearly an	How long In above place of death?	Street No. (If rural, give	, writ CRURAL sud give nearest town)				
ion c	How long in hospital or inslitution?	2.(a) If veleran, name war					
information of death cle	3. (a) FULL NAME Micheal Bivens		3. (b) Social Security Number				
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION				
causes	Male White Single	20. DATE OF DEATH SUPT 9	1948 at 12 0				
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date about					
ly every i	7. Birth date ot deceased (mo., day, yr.) SEPT. 8, 1948.	and that t last saw h. 2.22alive on	27 9 18 48				
Supply lease wr	8. AGE: Years Months Days It less than one day O D hrshrs.	Immediate cause of death Paroce Fu sa 5	BURATION				
NK. s: ple	9. Birthplace Clears Dring Md Rt.#	Due to					
ADING INK. Physicians: pl	10. Usual occupation	Due to.					
ADI. Phy	11. Industry or business 12. Name Samue Bivens	Dther conditions					
UNF.	12. Name Samuel Bivens 13. Birthplace Washington Co. Md.	(Include pregnancy within 8 m	onths of death)				
important.	14. Maiden name Gretha M. Thenicie	Major findings of operations	***************************************				
E.i.	14. Maiden name Tretha Menicle 15. Birthplace Sy Livan, ta 18. Informant San uel Bivens	Autopsy results. Leave.					
NLY	Address Clearspring Md. Rt.#I	PHYSICIAN: Please underline the cause to wh					
PLAINLY, is especially	(Burial, cremation, or removal, Which?) Bale thereot Sept 10, 46. (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide					
TE	Cemetery or crematory Luthern Cemetery	Where did injury occur?(City or town)					
WRITE	Location Zylivan, Pa.	Injured at home, tarm, Industry, public place (wh Means of Injury	ere?)				
<u>ω</u>	18. Funeral director. Dnyder - Rowland Address Clear Spring Md	\mathcal{O}_{i}	1-1-				
PLEA	Sept 9 48 Seast Brissin	23. SIGNATURE	M. D. M. D.				
14	(Data hoold by poristrop)	www. Clear Horm of	19 Pale almost 9-9-48				

WITH UNFADING INK. Supply every item of information carefull MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY,



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4802

09705 Reg. Dist. No. 306

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give regidence of mother)
County Washing bound	Stele Maryland County Tellot
City or lown	0. +
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where deeth occurred:	Streel No. Port tt
fatebre Hosp.	(If rural, give LOCATION)
How long In hospital or institution? 5. days	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hallie Blackwell	
4. Sex 5. Color or rece 6.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
F C Widowed	20. DATE OF DEATH. Sept 25 19.48, et 6.4.1
6.(b) Name of husbend or wife	21. I CERTIFY that deeth occurred on the dete above sleted; thet I allegded deceased from
	Sept 10 19,48 10 Sept 25 19 48
7. Birth dete of	end that I tast saw h A elive on Sept 25 19 48
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Yeers Months Deys If less than one day	Carenoma of Corners
40 10 20 min.	
9. Birthplace Death Town, county, and state)	Due 10
10. Usuet occupation families the	Oue 10
11. Industry or business	
12. Neme Barnes Blackwell	Other conditions
12. Neme	
	(Include pregnancy within 8 months of death)
HE 14. Malden name Eletyla James ? 15. Birthplace J. C.	Major findiags of operations.
El 15. Birthplace	
16. Informant Hoy Meords.	Autopsy results
Address	
17 Buis D Date thereof Selet. 27-48	22. VIOLENCE: If death was due to external ceuses, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Establish 700	Where did injury occur?
Location Jallot Co.	Injured et home, ferm, industry, public piece (where?)
1 waters	Means of Injury Injured at work?
18. Funeral director.	
Address Easton WTh	23 SIGNATURE 9: M. Claring tow, M. D.
9/27 48 N. H. Mosney	M. D. or other
(Datu rec'd by registrar)	Address Astelice Tyospital Dete signed 9/26/1



1998-8-25 1987 10-20

9381

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Washington City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 2 months Nospital, institution, or streat address where death occurred: 436 West Franklin Street Now tong in hospital or institution? 3. (a) FULL NAME Nettie M. Blair	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State. Maryland. County Washington City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) 436 West Franklin Street (If rural, give LOCATION) 2.(a) It veteran, name wer. 3. (b) Social Security Number NONE
4. Ses 5. Color or rece 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE DE DEATH 19. 14 19. 1
B.(b) Name of bushand or wite	21. I CERTIFY that teeth occupred on the date above stated—that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
9. Birthplace Williamsport, Maryland (Town, county, and state) 10. Usual occupation. Housework 11. industry or business	Due to Continue follows Due to Continue follows
12 Name Jonathan Spielman 13 Birthatas Hagerstown, Maryland	Diher conditions
14. Melden neme Rebecca Bomberger 15. Birthelecs Boonsboro, Maryland	(Include pregnancy within 3 months of death) Major findings of operations. Onto the ot op.
16. letermant Mrs. Courtney Myers	Antopsy results
Address Sharpsburg, Rt. 1 Maryland 11. Burial (Burial, cremation, or removal, Whiteh) Cemelery or crematory Funkstown Cemetery	22. VIOLENCE: It death was due to esternal causes, fill in the following; Accident, suicide, or homicide
Localion Funkstown Maryland	tnjured at home, farm, Industry, public place (where?)
18. Funeral director C. M. Suter & Sons	Meens of Injury tnjured at work?
Addrese Hagerstown, Maryland 18. Self 7, 19 48 Selfast Bewer (Data rec'd by registrar) Registrar	Address Woyler Lord To Bete eigned 7 5 /4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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•	information carefully. of death clearly and le
AMARGIN RESERVED FOR BINDING	WITH UNFADING INK. Supply every item of information carefully. In important. Physicians: please write the causes of death clearly and legib
9-45-15M	VRITE PLAINLY, WITH UNI

PLEASE

				TE OF DEATH	40	Reg. Dist. No	301
1. PLACE OF DEATH: County. Washingto City or town. (If outside How long in above place of deal Hospital, Institution, or street; Ralph Hart. How long in hospitat or Institut	nsport eity or town li h? 5 m address shere Le San	onth		2. USUAL RESIDENCE (HON (For newborn infants give residence) State District Of City or town Washingto (If outside city or town Street No. (If rule) 2.(a) It veteran, name war. None	n D. wn limits, w	nbia C. write RURAL and give nea	rest town)
3. (a) FULL NAME Mrs. Isab				2.(4) ST FEEF all. Halle was		3. (b) Social Security None	Number
Female W	hite	Wi	e, married, widowed, or divorced dowed	20, DATE OF DEATH	11		7
o. AGE.	ov. 1	1868	c) It alive, give ageyears	and that I last saw h alive on Immediate cause of death	8-6.	stated; that attended dece	2.919 18 18
79 Easton	10 Pa	28	hrsmin.	Cher any	Cea	lunos	14
1D. Usual occupation	usewi: Home	*****************	state)	Due to			4
12. Name Aaron			senberry	Other conditions			
601	°а. н. В1	akelo	ck	Automy counts		Date of op	
Address 55 Ings Burial Burial, cremation, or ret Cemetery or crematory FC	moval Which	RaodMo	eot. Oct. 1,1948	PHYSICIAN: Please underline the car 22. VIOLENCE: It death was due to ex Accident, suicide, or homicide	ternal causes	s, till in the tollowing;	
Location Near A		ton Va	l.	Injured al home, farm, Industry, public		re?)	
			ll amsport, Md.	Derol	and a	A LLENGUE	
0 1	- (- 6	1 mesil	23. SIGNATURE	¢	M D	or other



associated at 15 or 15.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH)	2. USUAL RESIDENCE (FOME) OF DECEASED:	
County Vashington	(For newhorn Infant) give residence of mother).	+
City or town. Saw rugh	Slate County County	www.
(If outside city or town limits, write RURAL and give nearest town)	City or town Saw war	
How long in above place of death?	City or fown	rest town)
Hospital institution, or street address where death occurred:	Street to Survey Mundred	-
	(If rurat, give LOCATION)	
How long In hospital of Institution?	2.(a) tt veleran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Mary anna Bohn	ron	-
4. Sex. 5. Color of pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
lemale white single		9.154
	21. I CERTIFY that death occurred on the date above stated: that t attended decea	sed from
(6, (6) Name of husband or wife	1 and 15 10 48 , day 2	2 10 88
7. Birth date of	and that last saw her alive on Stept 221	. 48
deceased (mo., day, yr.) 2- /8 73		
8. AGE: Years Monjins Days It less Than one day	Immediate cause of death	DURATION
75 8 20nrsmin.	Chrone Hyocardites.	141
9. Birtholace Reederck Country Wed	Due to	
(Town county, and state)	•	
1D. Usual occupation. Something the use	Due to	
11. Industry or business		
12 Name Janiel Bylus	Other conditions	*************************
13. Birthplace mary Pank		***************************************
C S .	(Include pregnancy within 3 months of death)	
主 14. Maiden name	Major findings of operations.	
15. Birthplace way land		
The Morar France	Antopey results.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
Address of marvelle, and, of, or,	22. VIOLENCE: tf death was due to externat causes, fill in the following:	
17 Sural Date thereof 9/25/148		
(Buriah efemation, or removal, Which?) Date thereof (month) (year)		•••••••••••••
Cemelery or crematory. Heave Man imeller.	Where did injury occur? (City or town) (County)	(State)
Jacobs Junou Bridge R. W. Wed. O	tnjured at home, farm, Industry, public place (where?)	
1111212	Maans of Injury Injured at work?	
18. Funeral director No. 18. Funeral director	1.1101	0
Advotucion Gerage & West Estudar, mil	22 CIONATURE TUTTELLAN M.	W.
Self 24 & Enin & Budit-	23. SIGNATURE. M. D. 2	soyher /
19. (Date rec'd by registrar) Registrar	Address Date signed.	122/48

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

1. J LACO C		Was	hingt	on	(For newborn infants give residence of mother)			
COURTY	Har	erstown	Mar.	vland	State Maryland county Washingt	on		
City or towa					City or town. Hagerstown (If outside city or town limits, write RURAL and give			
How long in above place of death? 10 years			year	S				
Washington County Hospital					Street No. 641 West Franklin Street	<u>:t</u>		
					(1frural, give LOCATION)			
1		tilution?	o uay	8	2.(a) If veteran, name war			
3. (a) FULL	NAME	Enternië.			3. (b) Social Securi	ity Number		
	STER STE	Irvin	Lero	y Burger, Jr.	216-22-90	18		
4. \$11	- FEE 5.	. Color or race	6.(a)Singi	s, marrisd, widowed, or divorced	MEDICAL CERTIFICATION			
Male		White	Si	ngle	20, DATE DE DEATH 12, 12, 19.54.	8 12:50		
					21. I CERTIFY that doubt accurred on the data above stated; that I attended d			
6.(b) Name of h	usband or t	wife	**************		19, to	19		
7 Birth data of	*****			c) If slive, give ageysars	and that I last saw im slivs on Sept/12/48	19		
decesesd (me	., day, yr.)	Octobe	r 30,	1929	Immediate cause of death			
8. AGE:	Yeers	Monthe '	Days	If isss than one day	Fractured skull	53hrs		
	18	10	13	hrsmin.	Intracranial hemorrhage			
	U. a	Detroit	Mido	h 65 13.	Bue to			
				h state)	DUG 19			
10. Veual occu	sellon S	tudent	*****	***************************************	Busia			
11. Industry or					006 10			
	Ir	vin L.	Burge	r, Sr.	Dither conditions			
12. Nsme				aryland				
					(Include pregnancy within 3 months of death)			
물 14. Maldan	nsms	must ems	ming	r	Major findings of operations 200	·		
2 15. Birthpt	sce W	illiams	port,	Maryland				
16. Informent	Irv	in L. I	Burger	Maryland Sr.	Antopsy results			
Addrese		erstown			PHYSICIAN: Please underline the cause to which death should be char	ged statistically.		
The second secon					22. VIOLENCE: If death was due to external causes, flil in the following:	Sept/9/48		
17. DUI	mation, or	removal, Which?	Date that	9-15-48 (month) (day) (year)	Accident_suicide, or homicide. accident Dets of S. Where did injury occur) c b c/ 3/ 40		
Camelery Ar	cremeione	Rest H	laven	Cemetery				
04	Commission Rest Haven Cemetery Hagerstown, Maryland				Injured et home, term, industry, public place (where?)	woulds		
Location		0 36 6	1	2 Gana	Means of injury fell off of flagnon hand	roke)		
18. Funeral die	rector	С. М. 8	outer	& 90H3				
Address	На	gerstov	vn, Ma	ryland	25. SIGNATORE Robert hello WASH	H. CO., MD.		
Jely	1-1-	148	15%	Registrar	M.	D, Townson		
(Date ree	d by regist	trar)		Registrar	Address	red 7/1/3. 154		



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2411 N. Chartes St., Baltimore

CERTIFICATE OF DEATH

DURATION

					rog. Dist. No	
1. PLACE OF D		ah i sa mit	an	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)		
County	Wa	aning.u	011	state Maryland		
City or town	gerstown	limits, write R	land			
Now Jone to above pla	ace of death? 50	vears	•	City or town Hagerston	N.L. nits, write RURAL and give nearest town)	
Hospital, Institution,	or street address where	death occurred	l:	Street No. 140 West Ant:		
	ek Memoria				lve LOCATION)	
How tong to hospital	or tostitution?	15 da	ys	2.(a) tf veteran, name wer		
3. (a) FULL NA	ME		And the second of the second o	*	3. (b) Social Security Number	
	E11a	B. Ca	se		NONE	
4. Sex	5. Color er reco		e, merriod, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Wid	OW	Don	+ 30 UX 311	
				20. DATE DF DEATH	19 (1)	
6.(b) Name of husba	ed or wife France	cis P.	Case	21. I CENTIFY that death occurred on the date	11/10/10/10	
		B.(c) if alive, give ageyea	ally 79	110 M 1816	
7. Birth dats of deceased (mo., de:	70 - 1		. 1877	and that I last saw h		
	ars Months	Days	tf less than one day	Immediate carre of teath	DURA DURA	
	71 7	2	hrsmir	and the first of the second se	4	
		1 2	1		ren-	
9. Birthplace	Warrioror	sMark	Pa.	Due Je	Culto 9.	
	House			Cause was	and of	
		74 AgA allar di America	***************************************	Due to		
11. Industry or busin		- (1 amm				
12. Name				Other conditions		
	The state of the s			(Include pregnancy within	8 months of death)	
当 14. Malden nem	Mary Ha	lligar	<u>1</u>			
14. Malden nem	Warrior	s Mark	r, Pa.	Major findings of operations		
	liss Loui	ae Ces	0	Autopsy vessits MO	Date of up.	
				PHYSICIAN: Please underline the cause to	which death should he charged statistically.	
Address Ha	gerstown,			22. VIOLENCE: tf death was due to external		
n Buris	al ion, or removal. Which	Bate ther	sef. 10-2-48 (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crem			emetery	Where did injury occur?	n) (County) (State)	
Location	Hagersto			Injured at home, farm, industry, public place		
18. Funeral director	C. M. St	iter &	Sons	Meens of injury	tnjured at work?	
		If		11 , Hora	Jest HILL	
Address	Hagerston	NII, Ma	ryland	23. SIGNATURE	100	
19. Wel,	1, 1948	Bh	exp. 473owers	Hoperolom	M. D. or other Date signed — /	
(Date rec'd by	registrar)	6	Registra	Address	Date signed	

FOR BINDING MARGIN RESERVED NFADING INK. Supply every item of information carefully nt. Physicians: please write the causes of death clearly and

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WILLIAM OF THE BOOK AND STATE OF THE PARTY.

A SHELLER SHOWER PROPERTY.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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09711

Res Diet No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County It asking Tare	(For newborn infants give residence of mother)		
(If outside city or town limits, write KULAL and give nearest town)	State County		
How long in above place of death? Co. smouths	(If outside city or town limits, write RURAL and give nearest town)		
Mospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) Il veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary Cachenie believe	noul		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed			
	2B. BATE DF DEATH		
8.(6) Name of husband or wife	21. I CERTUIT that death occurred on the date above stated: that I attended deceased from		
7. Birth date of years	184 5, to sept 18 4 6		
deceased (mo., day, yr.)	and that f last saw h. A. alive on sept 9 9 9		
8. AGE: Years Months Bays If less than one day	Immediate duse of death DURATION		
72 - 10 12nrsmin.	Marcino Just		
9. Birthplace It alfaville Fred les und			
(Town, county, and state)	Due Confidence of Manual 212 you		
10. Usual occupation dance Keeping			
11. Industry or business	100		
12. Kame Isways. Hilliams			
12. Kame Surge: Hilliams 13. Birthplace Pondaville. Mol	Dther conditions		
mi -0 0	(Include pregnancy within 8 months of death)		
14. Malden name Cadhuine 7. Sumul.	Major findings of operations		
El 15. Birthplace Raffsvelle tred les sud	Bate of op.		
16, Informant Mrs. Herene. Haffman.	Autopsy results		
Address Beavercruk. I Sud	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
0 '0	22. VIOLENCE: if death was due to external causes, fill in the following;		
(Burial, cremation, on removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cometery or promotery Smithsbury	Where did injury occur? (City or town) (County) (State)		
Such A. Coul			
Location	Injured at home, farm, industry, public placo (where?)		
18. Funeral director, Lio BOLForces	Means of injury injured at work?		
Address Smithsburg Mid	a source by DIY of las		
Seldizo. 45 - Il. H. Bank	23. SIGHATURE		
(Dathree'd by registrar)	Address of an adio ling Date signed 20 45		



SEP 22 1948.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

CERTIFICATE OF DEATH

How long in above place Nospital, institution, or	shington gerstown utsida city or town is of death? 32 to street eddress where them Aver inctitution?	mits, writa RU /ears death occurred:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stete. Maryland county Washington Gity or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteren, name wer. 3. (b) Social Security Number None		
4. \$ex	5, Coler or rece		merried, widowed, or divorced		CERTIFICATION	
Female	White	W:	idowed	20, DATE DE DEATH JEST	21 19 Pot at Gost	
S.(b) Name of husband 7. Birth date of deceased (mo., day, y)		am Co:	nd onyeer	21. I CERTIFY thet death accurred on the date	ebore stated; that hattended deceased from	
8. AGE: Years	Months	Days	If lese than one day	Immediata cause of death	Paralyed DURATION	
80	0	13	hrs, min.	Orkroodsote the	orthreese 26po-	
10. Veuel occupation 11. Industry or business 12. Name	Home of Sanford Orederick	luties Cease	ty , Maryland rson ty, Maryland	Due to	V	
16. Informent hir	s. Tres	Shaf:	<u> </u>	Autopsy results	which death should be charged statistically.	
Buri (Burial, cremation, Cemetery or cremete Location	al or removal, Which Sta Mary Fairfi	Dete there is Cat eld. Krais own, Ma	Sept. 24, 1 (month) (day) (year) holic Cemetery Penna. Expland Registra	22. VIOLENCE: If does have due to externel Accident, suicide, or homicide	Dete of	



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13/0

1. PLACE OF DE		ton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	ral. Sharps	hu. N	State Maryland County Washington City or town Rural Sharpsburg (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
Hospital, institution, or	street address where	life death occurred:			
How long in hospital or	Institution?		2.(a) If veleran, name war		
3. (a) FULL NAM	E	Grace Viola Crampton		3. (b) Social Security No	umber
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL C	ERTIFICATION	10:45P m
	Monah C	ey F. Crampton 6.6) If alive, give age 70 years	21. I CERTIFY that death occurred on the date ab 21. I CERTIFY that death occurred on the date ab 19. and that I last saw h 23. alive on	vove stated: that I attended decease 4.8	19.45
8. AGE: Years 61	Months	Days If less than one day 12 hrsmin.	Cardio rend var		DURATION
Birthplace	Home	aMaryland county, and state) Duties	Due to		
12. Name	John W Antiet	. Boyer	Dther conditions		•••••
641	Ellen Woodst	Hempsweller ock, Virginia	(include pregnancy within 3		
16. Informant Mr.		Crampton	Autopsy results	hich death should be charged sta	
17 Buria (Burlal, cremation	or removal. Which?)	Date thereofSe.pt15,1948 (month) (day) (year)		Date of	
		View	Where did injury occur?(City or town)		
		paburg., Md	Injured at home, farm, Industry, public place (w Maans ot injury	Injured at work?	•••••••••••
Address	Keed	Esrnshaw ysville Md	23. SIGNATURE	Way M. E	2
19-15	19 46 gistrar)	El Joge Registrar	- 1/	M. D. or Date signed	



MARYLAND STATE DEPARTMENT OF HEALTH

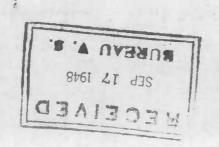
2411 N. Charles St., Baltimore

932

09714 Reg. Dist. No. 304

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Nash NJ Tox	State Mary Land county Prince Georges		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city or town limits, write RURAI and give nearest town)		
High Street	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Daniel My Cox Fields Croc	kett 1 318-10-5173		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. OATE OF A DEATH 10 19 4 9 01 545 0 N		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the day's above stated; that I ettended deceased from		
	1948 10 Sept 18 1948		
7. Sirth date of deceased (mo., day, yr.) J = N. 12 1874	end that I last saw h. Langualive on 19		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
74 7 28nrsmin.	(Danie My ocarditis		
9. Birthplace Hancock, Wash Co., Md.	Bris 10.		
10. Usual occupation Street Car Motormaa	· · · · · · · · · · · · · · · · · · ·		
	Due to		
11. Industry or business			
12. Name John W. Crockett 13. Birthplace Hancock, Md	Other conditions		
	(Include pregnandy within 3 months of death)		
14. Maiden name Mary Elizabeth Seard 15. Birthplace Hancock Md.	Major findings of operations.		
an N W Ct	Date of top.		
	Autopsy results		
Address Hancock, Md.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory T. Lhomas Episcopal	Where did injury occur?		
Location Hancock Md	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Charles R. Bast	Means of Injury Injured at work?		
Address Hancock Md	L'M that he Mas		
Sept d 18 AN Hellon	23. SIGNATURE. M. D. or other		
19. (Det Arid by register)	side tancock ma note stoned allets		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09715

CERTIFICATE OF DEATH

Reg. Dist. No. 30

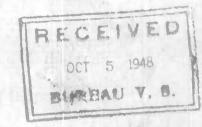
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County. Washington. City or town. Rural—Williamsport. (If outside city or town limits, write RURAL and give nearest town) Street No. Williamsport, Md. RFD# 1 (If rural, give LOGATION) 2.(G) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Viola Stella Cunningham	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. /O.FT.		
6.(b) Name of husband or wife Daniel Howe Cunningham 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Dec. 6, 1875	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 5/19. and that I last saw h. 11. 11. 11. 11. 11. 11. 11. 11. 11.		
8. AGE: Years Months Days It less than one day 72 8 29	Beeliesiofi dudat		
Birthplace Near Downsville, Wash., Maryland (Town, county, and atate) 1D. Usual occupation. Housewife 11. Industry or business At Home 12. Name George W. Dick 13. Birthplace Washington County, Maryland 14. Malden name Ella Hines 15. Birthplace Near Rohrersville, Maryland 16. informant. Mr. Arthur Cunningham Address Williamsport, Md. RFD# 1 17. burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Riverview Cemetery Cemetery or crematory. Riverview Cemetery	Due to		
Location Williamsport, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Edith V/ Leaf	Means of injury Injured at work?		
Address Williamsport, Md. 18 Select 8 19 1/4 8 Elec M Electrical Registrar	23. SIGNATURE DESCRIPTION OF THE SIGNEY AND ADDRESS OF THE SIGNEY		



		CERTIFICA	TE OF DEATH Reg. Diat. 1	No. 307	
1. PLACE OF DEATH:	Washing	gton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Hagers town City or town (If outside city or town limits, write RURAL and give nearest town) How long is shown place of death?		State Maryland County Washi	ngton		
(If outside ci	ity or town limits, write RUR	AL and give nearest town)	HOTOTOTOTO		
HOW LOUIS III SOUTE DISCE OF SCOTI	4	9 	City or town (If outside city or town limits, write RURAL and	give nearest town)	
Hospital, Institution, or street at 483 Mich	ddress where death occurred:		Street No. 483 Mitchell Ave.		
***************************************		***************************************	(If rural, give LOCATION)		
How long in hospital or institution	on?	***************************************	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME			3. (b) Social Se	curity Number	
	Mabel H.				
4. Sex 5. Colo	r or race 6.(a) Single, m	arried, widowed, or divorced	MEDICAL CERTIFICATIO	N	
Female Wh	ite Mar	ried	20. DATE OF DEATH. September 30	48 7:15p	
	Dominic De	emotter			
B.(b) Namo of husband or wife			21. I CERTIFY that death occurred on the dats above stated; that rations	decsased from	
***************************************		alive, givo ageyear		18.4.6	
7. Birth dato of deceased (mo., day, yr.)	ovember 27.	, 1893	and that last saw has alive on Sept 30,	112	
deceased (mo., day, yr.)		if less than one day	Immediate cause of death	DURATION	
O. AGE.	77 2	Service Control of the Control of th			
		hrsmin.			
9. Birtholace Hagers	town Wash.	Md.	Duo to Carcinoun of left	2100.	
1 4.	Town, county, and atate House Wife	e)	h		
10. Usual occupation			Due to Steest -		
11. thoustry or dusiness	Own Home				
≝ 12. Name Ta	ylor Shaffer	r	Other conditions		
Ta. Name	Va.	15:			
	arah Fonpel		(Include pregnancy within 8 months of death)		
	nknown		Major findings of aperations		
≥ 15. Birthplace			Date of or	J	
16. Interment	s Demottez		Aatopsy results	*******************************	
	stown Md.		PHYSICIAN: Please underline the cause to which death should be c		
Buntal		00+ / 10/0	22. VtOLENCE of death was due to external causes, fill in the following		
17. (Burial argentina as	Date thereof	(month) (day) (wasa,	Accident, suicide, or homicide		
Libertui, cremation, or remo	oval. Which?) Rest Haven C	emetery			
		Md.	Where did injury occur? (Crew or town) (County)		
Location	rage to co wil	MACL 4	Injured at home, farm, industry, public place (where?)		
18. Funeral director Sco	tt F. Minni	ch & Son	Means of Injury Injured at wor	rk? .	
Ho.	erstown Md	***************************************	CAL DE HILL		
Address	1010	1/4	23 SIGNATURE / LOUNCE / SOLL COM	•	
10 Oct. 2.	1048 Dies	AMBruers	11 - 4.0	M. D. or other	
(Date rec'd by registrar)	7	Registrar	Address Whalsofolm YMA - Date	signod 10/1/48	

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, is especially

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1 DIACE	OF DEATI	н. А. /	A			
County		shung	lon			
City or fown	1 4	acel	elous	()m	d	
city or rown	(II outsi	ide circ or town	limits, write I	URAL and gi	e nearest tow	n)
How tong In a	bove place of t	death?		7		
Hospital, Inst		R address wher	e death occurre	Jon	R	
			mann we get get	1	_	
3. (a) FUL		stitution?		-0		
3. (a) FUL	L NAME	1	200-	-110	Δ	1
1.0	1 6	. Color or race) E / [/	e, married, widow	, / 1	1
4. Sex	0			e, married, widos	vea, or divorced	
7.0	male	white		Since	le	
0 /h\ N-w	t husband or	wilde			J	
o.(o) Name o	inuspand of t	WIIE		A 14 D	***************************************	
7. Birth date	ot	10	6.0	e) If alive, give a	ige	уе
	mo., day, yr.)	()		1 141 "		
8. AGE:	Years	Months	Days	It less than	one day	
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9. Birthplace		16	ma			
a. mittipiaci		Top	n, county, and	state)	- 1.11	.,
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11. Industry		A	X	ame	-	
뜊 12. Nam	·w	illia	m h	letre	ele	
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H 14. Maid	len name	1	P.	in fiii.k.		
14. Maid 15. Birth	place		10 m	na		
16. Informan		ye.	Llelie		<i>A</i>	
Address	C	ramb	unha	ra	Ta	
17	13		Date the	not 6 9	-7-4	18
(Burial,	eremation, or	removal, Whiel	h?)	on ment	h) (day) (ye	ar)
Cemetery	or crematory	eas	N Hel	y Ces	relery	7
Location	nea	V Sh	cenco	alte	R	
FOCUTION		P. C	501			
1B. Funeral	director	16		4	1	• • • • • • • • • • • • • • • • • • • •
		1	repro	aske	- 17	
Address	_					
	110	19. 4. (00.	- 11 I	3000	0

Evidence for addition

	EPARTMENT OF HEALTH les St., Baltimore FE OF DEATH Reg. Dist. No. 362
PLACE OF DEATH: nty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(a) FULL NAME BERTHA, A: D Sex Femal S. Color or race 6.(a) Single, married, widowed, or divorced Single Single	Sept 1948 at 6 P. M. D.
b) Name of husband or wife	Comment 19 to Sent d 19 80
Birthplace	Due to
14 Maiden name anna: Mare	(Incidue pregnancy within a months of dearn)

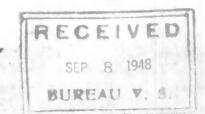
Major findings of operations..... PHYSICIAN: Please auderline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide...... Date of

Where did injury occur?(City or town)

njured at home, farm, industry, public place (where?)

Injured of work? Means of Injury



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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2 USUAL DESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

ez. Dist. No. 30

City or town	ngton illiamspo outside city or town lin of death? 42 street addrees where in msport Pi	Tt mits, write h years death occurred lke	RURAL and give nearest town)			
3. (a) FULL NAM	E	-VIZCI.			3. (b) Social Security	Number
EDWAR	D CALVIN	DOUB		None		
4. Sex	5. Color ar race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	. 1
Male	White	T	Vidower	20. DATE OF DEATH Septambe	r 28 1948	4.30
6.(b) Name of hueband 7. Birth date of deceased (mo., day, y		6.(Grace c) It alive, give age	fl .	46,10 Seft	28 19 48 13.48
8. AGE: Years		Daye	It leee than one day	Immediata cause of death Coronary The	milogis	9/27/48
75	2	14	hrsmin.			./
tD. Usual occupation 1t. Industry or bueines 12. Name	Farmer Retired niel Doub Beaver Cr Catherine Beaver Cr	ceek l	/d.	Due to	onths of death)Date ot op	
	illiamspo			PHYSICIAN: Please underline the cause to whi	ch death should be charged	statistically.
17. Buria. (Burial, cremation Cemetery or cremate Location	l orremoval. Which?) ROSE Hage	Bate ther Hill erstow K. (9/30/48 (month) (day) (year) Cemetery vn Md Coffman own Md.	22. VIOLENCE: It death was due to external caue Accident, eulcide, or homicide	(County)	(State)

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

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STALL STREET, SCHOOL STREET, SCHOOL

OCT 4 1948
BUNEAU V. S.

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	PLAINLY, WITH UNFADING INK. Supply every item of it	is especially important. Physicians: please write the causes of
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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County Washington City or town Wilson (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 1 day. Noepital, inclination, or circle address where death occurred: Concocheague Park Now long in hospital or inclination?			URAL and give nearest town)	(For newborn Infants give residence of mother) State Pennsylvania county Washington City or lown Washington (If outside city or town limits, write RURAL and give nearest town) Street No. Route #1 (If rural, give LOCATION)		
3. (a) FULL NAM	l E				3. (b) Social Security	y Number
			les Fattman			
Male	White		n. married, widowed, or divorced	MEDICAL (EDT abo	out 5/10
8.(b) Name of huckant	or witeIdaA	lay Mi	shick Fattman	21. I CERTIFY that deat courred on the date a		
·			e) If alive, give age 23 years	and that I tast asw h		
decessed (me., day,	ya) Janus	ery 26	1923	Immediate cause of death		
8. AGE: Year	s Months	Daya	If lean than one day	1220110		
2	5 7	16		fractured skull		****
9. SirthplaceWashington, Pa.				Due to openfractures left 10m1m		TOMIM
				clavicle. left humerus		
10. Weust occupation Auto Race Driver			TACT	left ulna		
11. Industry or businese						***
12 Name Charles H. Fattman 13. Birthplace Pennsylvania			man	Diher conditions hemorrahge	and shock	
				(Include pregnancy within	months of death)	
문 14. Maiden name	Edna Ph			Major findings of operations		
14. Maiden name	West Vi	rginis		major magazina of operation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ts. Informat A. Blaine Day				Actopsy results. 20		
Addrese Washington Pa.				PHYSiCIAN: Please ooderline the cause to	which death should be charge	d statistically.
17Remo. 7. (Burial, cromatio Cemetery or erema LocettonW.A.S. 19. Funeral director Addrace Has	n, or removal, Which?	ethlek County ter &	land	22. VIOLENCE: 11 death was due to external e Aceident, aulcide, or homieid Where did Injury oecus Injured at home, tarm, industry, public place of Means of Injury 23. SIGNATURE	(County) (What turned Injured at work)	BICAL EXAM.



CERTIFICATE OF DEATH

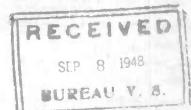
Address Trendolle, E Date signed

	reg. Disc. from Manual and
1. PLACE OF DEATH: Manhinaton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For proport infants give residence of mother)
County	2 4 11
City or fown Plage Town (Whatside city or fown limits, write RURAL and give nearest town)	
How long in above place of dealh?	City or town (If outside city or town limits, wrigh RURAL and give nearest town)
Nospital, institution, or street address where death occurred:	BD 2
Mashington bounty Hushifal	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
hus Ella donnel to	Prita
4. Sex 5. Color parace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20, DATE OF DEATH COLF 3 1948 1/2:30
6.(b) Name of husband or wife marris Fritz	21. I CERTIFY that death occurred on the dale above stated: that I attributed to the from
6.(c) If afre, give age 2.0 years	10. 10. 19.
7 Dtth dele ed	and that I last saw h
deceased (mo., day, yr.) Dec. 23 - 19.26	Immediate cause of deat ACUTE CONDITION OURATION
8. AGE: Years Months Days If less than one day	Callapse-probably convery
2/ 8 /0hrsmin.	Myombosis / 3 hrs
9. Birthplace Mash Go. Ind.	Due to
(Town, county, and state)	
1D. Usual occupation. House work	Que to.
11. Industry or business	
= 12 Name Sohn Robinson	Other conditions
12. Name Som Robinson 13. Bobolace Franklin Co Pa	5/2 Mrs. MICOUNT
	(Include pregnancy within 3 mo that of death)
14. Maiden name Ester Rubeck 15. Birthplace Clearshing Md.	Major findings of operations.
15. Birthplace Clearsfring Md.	Date of op.
16 Informant Grove's Frith	Actopsy results
Address Ineventual for RD 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
8 . 0 1 9-5-48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date fhereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Fair View anisty Messershing Pa.	Whera did Injury occur? (City or town) (County) (State)
Location 1/2	Injured at home, farm, industry, public place (where?)
-the areas	Means of injury Injured at work?
18. Funeral director	n. 1
Address M. Meus burg, Ca	23. SIGNATURE
10 Sept. 4, 1048 brest Bowers	M. D. P M. D. World
(Date rec'd by registrar) Registrar	Address Que of Que signed

WITH CNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and RESERVED FOR BINDING MARGIN PLAINLY, is especially

A15 NS WRITE

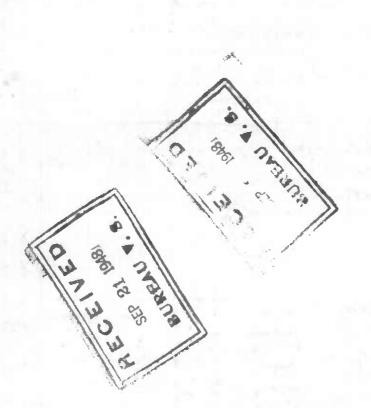
PLEASE



MARGIN RESERVED FOR BINDING

VS A15

	TE OF DEATH	Reg. Diat. No. 303	}
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a State (1) Court of town (1) outside city or town limits (1) frural, give (2,(a) It veteran, name war.	F DECEASED: mother)	
3. (a) FULL NAME LOUIS N GARGIO	10	3. (b) Social Security Number (140-18-61)	31
4. Sex S. Color or race S.(a)Single, meried, widowed, or divorced S//v C/Z	MEDICAL CE 20. DATE DF DEATH Sept. 17.	ertification H. 1948 19:5	50
B.(b) Name of huckand or wife	21. I CERTIFY that death occurred on the dets abo	ve steted; thet I ettended daceaeed from	10
7. Birth date of day, yr.) 8. AGE: Years Months Day It less then one day	and that I last saw helive onelive on	1 DUR	
23 5 13 hrs. mi 8. Birthplece. JECSEY City Hudson Co N. J. (Town, county, and state) 10. Usual occupation. Shipping Day! Manage!	Due to	ck	
11. Industry or business TONI Home PSIMONEAT 12. Home SABATO GAC 96 U/O	Diher conditions		
13. Birthplace TTAL! 14. Meiden neme LUCY PAN DOLFO 15. Birthplace N. Y	(Include pregnuncy within 3 s		
18. Informant DANIE 18. GArgiulo Address 4503 Puller Dr. Kensington Me	Autopsy results	hich death should be charged statisticall	ly.
17 (Burial, cremation, or removal, Which?) Cemetery or crematory (March 1)	Accident, sulcide, or homicide. Accide: Where did injury occur? St. Paul	nt Oete of 9/17/2 Wash. Md.	
Location Sersey City N. J. 18. Funeral director Thomas Dr. Marco	Injured at home, farm, industry, public place (w Meane of injury Auto accide	here?) Hagerstown	
Address Sersey Coty N. J. 18 Jett 18 19 H & Ford M Selection of the Secretary of the Secre	23. SIGNATURE Robert	Wells WASH. CO	



carefully

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	PLAINLY,
9-45-15M	WRITE PI
TI	ASE

Dr. Ditto MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of 2411 N. Charles St., Baltimore age shown on: 1170CT 13 1948 CERTIFICATE OF DEATH Reg. Dist. No. 302 1. PLACE OF DEATH; 2. USUAI, RESIDENCE (HOME) OF DECEASED: Washington (For newborn infants give residence of mother) Washington Marvland Hagerstown .
(If outside city or town limits, write RURAL and give nearest town) City or town (if outside city or town limits, write RURAL and give nearest town) 8 Hours How long in above place of death? Nospital, Institution, or street address where death occurred: 815 Va. Ave Found Dead In Woods (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Clarence Gladhill 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION Mal e White Single None 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife...... 25-4/ 11 Poll 25-44 6.(c) It alive, give age years 7. Birth date of Jan. 4,1905 deceased (mo., day, yr.) NOITABLO It less than one day Months 8. AGE: 42 Hagerstown.
(Town, county, and atate) Farm Labor 10. Usual occupation Farm Labor 11. Industry or business Charles Gladhill Hagerstown; Md. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden nar Louise Eyerly Major findings of operations..... Hagerstown. Md Charles Gladhill PHYSICIAN: Please noderline the caose to which death should be charged statistically. Hagerstown, Md Address 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Sept, 25, 1948
(month) (day) (year) Date thereof Accident, suicide, or homicide..... Cemetery or crematory Rest Haven Cemetery Where did lnjury occur?(City or town) Hagerstown, Md Injured at home, farm, industry, public place (where?) tnlured at work? Means of Injury Andrew K. Coffman Hagerstown. Md M. D. or other



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SEP 27 1948

BUREAU V. S.

1. PLACE OF DEATH:

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Σ in	
15-15	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Hoffman 09723

Reg. Dist. No. 302

1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland Coucty Washington
	City or town. (If outside city or town limits, write RURAL and give nearest town)
	Street No. 220 East Irvin Ave
	(If rural, give LOCATION)
-	2.(a) It vstsran, nams war

County Washington	(For rewhorn infants give residence of mother)		
Haranatown	state Maryland county Washington		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 10 > years Hospital, Institution, or strest address where death occurred:			
220 East Irvin Are	Street No. 220 East Irvin Ave		
Λ	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It vistran, nams war. N.O.N.C.		
3. (a) FULL NAME	3. (b) Social Security Number		
OWEN LETTELLE GODLOVE	214-09-4047		
4. Ssz 5. Colsr sr racs 6.(a) Singls, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	2D. DATE OF DEATH. Septembee 30 1948 at 9		
8.(b) Name of husband or wife Dale Arnold Godlove 8.(c) It alivs, give age 61 years	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from		
7. Birth dats of	and that t last saw h . 1. 20 alive on Sept. 20 19. Ly Y		
	Immediate cause of death		
o, Adb,			
71 1 8hrsmin.	Coronary Thrombonic Iday		
9. Sirthplace	Que to.		
(Town, county, and atate) Construction Forman Super.	Arteriosclerosis		
1D. Usual occupation	Due to.		
11. Industry or business J. B. Fergueson Co.			
Il 12 Name John A. Godlove	Other conditions Duadenal Vicer, 2 yrs		
E 12. Name John A. Godlove 13. Birthplace Wardensville W. Va.			
14. Maidsn name Mary Parker Bauserman 15. Birthplacs Woods Va.	(Include pregnancy within 3 months of death)		
15. Birthplacs Woodsbord, Va.	Major findings of sperations.		
16. Informant. Mrs. Dale A. Godlove	Autopsy results		
Address Hagerstown Ld.			
17. Burial (Burial, cremation, or removal. Which?) Bato thereof. 10/3/48 (month) (day) (year)	22. VIOLENCE: If death was due to esternal causss, till in the following: Accident, suicide, or homicide		
Cemetery or cramatory. Rest Haven Gemetery.	Where did inju v occur?		
Location Hagerstown Md.	injured at homs, tarm, industry, public place (whers?)		
18. Funeral director Andrew K. Coffman	Means of injury injured at work?		
Address Hagerstown Md.	MIQUIL		
. Oct 3, 48 Blastilowers	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address No 8 Date signed 1012148		



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PLEASE WRITE PLAINLY is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09724

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH County County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Oastade	State. Mary Land County Howard
City or town (If outside city or town limits, write RURAL and gy) nearest How long in above place of death? 2 May 19 4 ay	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred.	Street No
How tong In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Groot	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divol	MEDICAL CERTIFICATION
M c married	20. DATE OF DEATH. GLAPT 26 19.48 21605P
5,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45. years and that I last saw h. Additional in the control of
7. Birth date of deceased (mo., day, yr.) 7/8/79	
8. AGE: Years Months Days If less than one day	Carebral Hemorrhage 10 min
69 2 18hrs.	min.
9. Birthplace I for a county, and state)	Oue to Cilerio o elerosis
10. Usual occupation. Clarkewa	Due to
1f. industry or business	A A
12. Name Frank Groomes 13. Birthpiace & Lewer ood, Med	Other conditions of severas cerebral hemorrhage
	Left New fleq(a (Include pregnancy fithin 8 months of death)
14. Maiden name Sally Fruith 15. Birthplace Parroll Co, md.	Major findings of operations.
2 15. Birthplace Parroll Co, md.	
16. Informant Thosp seconds.	Autopsy results PHYSICIAN: Please underline the cause tn which death should be charged statistically.
Address	C22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, op removal, Whigh?)	
Cemelery or crematory 39364 Dasks	Where did injury occur? (City or town) (County) (State)
Location to persible 722-9	Injured at home, farm, Industry, public place (where?)
18. Funeral director Cof W. Barber	Means of Injury Injured at work?
Address Allowing the Dr.	- In Change men
Suff 28 48 Her No ter	23. SIGNATURE M. D. or other M. D. or other
(Date rec'd by registrar)	Registrar Address Address Bate signed 26/12



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

830

Reg. Dist. No. 306

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county. Washinglan	Dand. 1 Jack. A
(If outside city or town limits, write RURAL and give nearest town)	14:00:01
How long in above place of death? 30 years	(If outside city or town limits, write RURAL and give nearest town)
Mospital, institution, or street address where death offurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harvey O. Harbar	igh,
4. Sex 5. Color or race 6.(a) Algie, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ellim Finher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	1-15-1924, 7, 10 9/ 2-7 14/
7. Birth date of	and that I last saw handlive on 9/27/14 (19
deceased (mo., day, yr.) une 14, 1860	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Charles 1
88 3 /3min.	
9. Birthplace Chewwille md.	Due to
(Town, county, and atate)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Les Harbargh 13. Birthplace	Other conditions
0 100	(Include pregnancy within 3 months of death)
14. Maiden name Savella Brown 15. Birthplace Flored. Co. md.	Major findings of operations
15. Birthplace Flered. Co., md.	Date of op.
16. Interment Harry L Harlangh	Autopsy resolts.
201	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address Milmons, Ma.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory. Leen Hell	Where did Injury occur?
11)	Injured at home, farm, Industry, public place (where?)
Location May 10 St. Co.	Meens of Injury Injured at work?
18. Funeral director	061
Address 278. Church St., Waynesboro la	1 22 CIENTARIA A COMMANDA
Self 27 of Lever tonning	M. Dor other
(Data fee'd by registrar)	The well will be signed to the

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information carefully of death clearly and

UNFADING INK. Supply every item of ant. Physicians: please write the causes

PLAINLY, WITH UNF is especially important.

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WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

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MARGIN

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

agentin ml. Date signed 9/23/45.

			CERTITICA	L OI DEATH	Reg. Dist. No	24
1. PLACE OF DEATH: County Washington				2. USUAI. RESIDENCE (HOME) (For newborn infants give residence		
City or town Hagerstown R # 2 (If outside city or town limits, write RURAL and give nearest town)			State Maryland	county Washingto	n	
How long in above place of death?	3	Days	***************************************	City or town Hagers town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street add	fress where d	leath occurred:		Street No. 553 Salem 4 V	.	
Layman Nur	Sing	HOME		Street No. 553 Salem ave. (If rurol, give LOCATION) None 2.(a) If veteran, name war.		
How long in hospital or institution	1?	ay b	***************************************			
3. (a) FULL NAME	To more				3. (b) Social Security	
DARLENE G	ERTRU		RDT married, widowed, or divorced	MEDICAL	CERTIFICATION	EALL IF
	2 4 .					0 5
Famale W	hite	Si	ngle	20. DATE OF DEATH Septembe		-
6.(b) Name of husband or wife			***************************************	21. I CERTIFY that death occurred on the date		
				28 Ina		
7. Birth date of	March			and that I last saw h		
adparent (mart) / /	nths	Days	tf tesa than one day	Immediate cause of death		
S. AGE.		2 6	hrsmin.	Carcinama	t CAZUIX	87408
28	6	10				
9. Birthplace Hagerstown Wash. CO. Md.				Due to		***************************************
Wodtman						•
				Due to		
11. Industry or business						
E 12. Name Tyson T. Hardt				Other conditions	***************************************	***************************************
₹ 13. Birthplace Catonsville Md.				(Include pregnancy within	3 months of death)	
至 14. Malden name Ro	sa Co	ffman	••••	Major findings of operations		
14. Malden name Ro	ersto	wn Md	•	Major nudiage of operations.		
16. Informant Josephine Sprankle				Autopsy results		
				PHYSICIAN: Please underline the cause to	which death should be charged	statistically,
Address Hagerstown Md.			0/04/40	22. VIOLENCE: If death was due to external	causes, till in the following:	
17. Burial Date thereof 24/48 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year) Cametery or crematory Rose Hill Cemetery		Where did injury occur?(City or tow				
Location Hagerstown Md.				(City or tow Injured at home, farm, Industry, public place		
Location					Injured at work?	************************
18. Funeral director		Means of Injury	- 4	11.00		
		stown	Md. / 1/0	23. SIGNATURE Clelon	2 Hoodles	1 20 B
19. (Date re'd by registrar)	1948	Koro	J/ Joch Var	W new la	M. D. Oate signed.	- / /
(Date rec'd by registrar)	/	1	Registrar	Address	Date signed	



2411 N. Charles St., Baltimore

09727

CERTIFICATE OF DEATH

og. Dist. No. 302

	No. Ditt. No.		
1. PLACE OF DEATH: ///	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhern infanta give residence of mother)		
County	State Maryland County Washington		
City or lown (If overside city or town limits, write RURAL and give nearest town)	1 Hagerstown 1		
How long in above place of death?	City or town		
Hospital, Institution, or street address where teath occurred:	Street No. 477 M. Janahan Sheet		
17116 sussession some	(If rurai, five LOCATION)		
How long in hospital or institution?	2.(a) It veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Madeline Foctsaw,	Tardy Twone		
4. Sex 5 Calor ar race 6.(a) Singler, married, widowed, or divorced	MEDICAL CERTIFICATION		
Temple Regio Single	20. DATE OF DEATH. Sept 26 19 + 8, 21 + PM		
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from		
S.(e) tt alive, give ageyeare	Sept 26 19 48 to Same 19		
7. Birth date of 7. 16 h. 14 1921	and that I tast saw h. C. V. alive on S. F. Z. 6. 19 18		
deceased (mo., day, yr.) 8 A.G.F. Years Monthe Daye If less than one day	Immediate cause of death OURATION		
2 7 7 7	Pulmonary Julierus Class		
	gersplesty		
9. Birthplace (Town, county, and state)	Oue to		
10. Veyal occupation Nomestice			
	Oue to		
11. Industry or business	Other conditions Central Menous System		
E 12. Name	Other conditions Classical Classica Syptim		
13. Birthplace Sagraphang, the	(include pregnancy within 8 months of death)		
14. Maiden name of fike wall Shirthing	Major findings of aperatinas		
\$ 15. Birthplace Sheperdataway U. Mr.	Oate of op.		
16. Interment Mrs. Lucipla Jose Ksail	Autopsy results		
Address 449 N. Sanathan Street	PHYStCIAN: Please underline the eause to which death should be charged statistically.		
Burish Pate thereof 9/29/48	22. VIOLENCE: It death was due to external causes, till in the following;		
(Buriai, cremation, or regroval, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Kose Hell Cemelery.	Whera did Injury occur? (City or town) (County) (State)		
Lecation Hagerstown, Md.	Injured at home, tarm, industry, public place (where?)		
Will: 16 owner	Meene of Injury Injured at work?		
18. Funeral director Office And Angel The State of the St	1100111		
Address 29/4 redwick at fragustonse	23. SIGNATURE / TO West Uh. amphill Mil		
Sept. 29. 48 phastot Bowers	10/0 5 0 10 10 10 M. P. or other		
(Days rec'd by registrar) Registrar	Addrese Date signed Date signed		

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 1 1948

BUREAU V. S.

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) State. Maryland County Washington City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 840 Hamilton Blvd. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number NONE
Ida M. Hartle 4. Sex 5. Color er race 6.(a) Single, married, widowed, or divorced	
Female White Widow 5. (b) Name of huaband or wife S.a. B.a. Hartle	MEDICAL CERTIFICATION 20. DATE DF DEATH
C (A) II alian alian and	aug. 12. 1670 10 8671. 30 1840
7. Birth date of	and that I last saw h 2 y alive on 6 91. 22, 18.20
deceased (mo., day, yr.) August 25, 1808 8. AGE: Yeara Montha Days If leas than one day	Immediate cause of death
80 1 4hrsmin.	athenseling 1040
8. Birthplace. Hagerstown, Wash. Co. Md 1D. Uaual occupation. Housework 11. Industry or businesa	Due to Carlin Palme. 3day
12. Name Joseph Bragonier 13. Birthplace Hagerstown, Maryland	Dther conditions
14. Malden name Susan Spielman 15. Birthplace Hagerstown, Maryland	(Include pregnancy within 3 months of death) Major findings of sperstices
16. Informant Mrs. Eugene Evans Address Hagerstown, Maryland	Awtopsy results A. P. PHYSICIAN: Please underline the cause to which death should be charged statisticsDy.
17. Burial Bate thereof 10-2-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, aulcide, or homicida
Cemetery or crematory Rose Hill Cemetery	Where did injury occur? (City of town) (County) (State)
Location Hagerstown, Maryland	Injured at home, farm, induatry, public place (where?)
18. Funeral director C. M. Suter & Sons	Meana of Injury Injured at work?
Address Hagerstown, Maryland	WHONANTROGEN
19. Det. 1. 19 48 Chartingowers	23. SIGNATURE M. D. or other M. D. or other Address Date algorithm Date algorit

OCT 4 1948
BUNEAU V. S.

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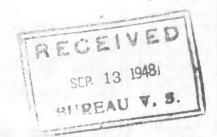
I. PLACE OF DEATH: Sounty Washington.	2. USUAL RESIDENCE (HON (For newborn infants give read	ME) OF DECEASED:	
Hagerstown Md.	State Maryland	County Washing	ton
(If outside city or town limits, write RURAL and give nearest town)	City or town Williamsp!	ort R.F.D.I.	
low long in above place of death?			
washington County Hospital Hagers	Street No.	rat. give LOCATION)	
tow long In hospital or Institution? 5 Days.	2.(a) if veteran, name war		
3. (a) FULL NAME	"	3. (b) Social Sec	urity Number
			,
Glendora Effie Hose. 6. Sex 5. Color or race 6. (a) Single. married, widower, or divorced	MEDIC	None.	V
emale White Married.	20. DATE OF DEATH. SEP 7		
s.(b) Name of husband or George Thomas Hose.	21. I CERTIFY that death occurred on the	date above stated; that I attende	ed deceased from
. S.(c) If alive, give age		19.7/10 92	19
7. Birth date of deceased (mo., day, yr.) Ost. II 1896.	and that I last saw halive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death	in arise	24 hr
/52 51 II 7hrs.			
9. Birtholace Williamsport Md.		MELLITUS	3
(Iown, county, and acate)	Due to Due to		
1D. Usual occupation Housewife.	Dus to.	***************************************	
Housewife.			***************************************
11. Industry or business 12. Name	Bther conditions Diaberic	GONGRENE	
Halfway Md.	Foor- RT. (Include pregnancy)	· · · · · · · · · · · · · · · · · · ·	2 WKS
	(Include pregnancy	within 3 months of death)	
14. Maiden name Mary Cunningham. 15. Birthplace Not Known.	Major findings of operations		
		Date of op.	
16. Informant Mr. George T Hose.	Autopsy results		and statistically
Address Williamsport R.F.D.I .			
	22. VIOLENCE: If death was due to ex		
17. Burial Date thereof Sent 10 48. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or og St Pauls.		r town) (County)	(State)
Location Neare Clearspring Md.	Injured at home, farm, Industry, public	place (where?)	***************************************
18. Funeral director Edith V Leaf .	Missins of Injury	Injured at work	k?
Address Williamsport Md.		00	0
	23. SIGNATURE Cleulee	Robert C	-Ken-
19. Sept 9. 1948 Skarf Bower (Date ree'd by resistrar) Regist	Address Cle as Apr		

(For newborn infants give re	OME) OF DECEASED:	
Maryland	county Washin	ngton
City or town Williams;		_
Street No. (If	rurat, give LOCATION)	
2.(a) if veteran, name war	***************************************	
	3. (b) Social :	Security Number
	None.	
MEDI	CAL CERTIFICATI	ON
20. DATE OF DEATH SEP	7. 2	48 JI:1ZP.
21. I CERTIFY that death occurred on	the date above stated; that I atte	ended deceased from
Feb. 17	19.47.10 2	EPF 7 19 44
and that I last saw h.C.Ralive of		
mmediate cause of death Dipostic P	e 10 03 13.	24 Ars
DI DE TES	MELLITUS	

Dus to		
Other conditions Diaber	C GONGRENE	
Other conditions Diaber		2 wKs.
other conditions Diaber	y within 3 months of death)	2 wKs.
ther conditions Dispost FOOT - RT: (Include pregnance	y within 3 months of death)	
Ther conditions D. ROST. FOOT - RT. (Include pregnance) (Include pregnance)	y within 3 months of death)	
ther conditions Displet Foot - RT. (Include pregnance) Major findings of operations.	y within 3 months of death)	Op
ther conditions Diaber Foot - RT. (Include pregnance fajor findings of operations	y within 3 months of death) Date of	op
ther conditions Diaber Foot - R7. (Include pregnance Major findings of operations	y within 3 months of death) Date of cause to which death should be external causes, fill in the follow	op
Other conditions FOOT - RT. (Include pregnance Major findings of operations	y within 3 months of death) Date of cause to which death should be external causes, fill in the follow	op. e charged statistically. lng:
FOOT - RT. (Include pregnance) Major findings of operations	y within 3 months of death) Date of cause to which death should h external causes, fill in the follow Date y or town) (County	op

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Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

122a

OF DEATH

302 Reg. Diat. No.

3. (b) Social Security Number 232-01-8203

	CERTIFICAT	TE OF DEATH Reg. D
(If outside city or town limits, How long in above place of death? 7 Day Hospital, institution, or street address where death	occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Wash City or town Hagerstown (If outside city or town limits, write RURAL Street No. 343 No. Mulberry S (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME GEORGE LEONARD H	IOTT	3. (b) Socia 23 2-
4. Sex 5. Color or race 6	Married, widowed, or divorced	MEDICAL CERTIFICATE September 20 194
s. Birthplace Romney Hampshi (Town, coun in Usual occupation. Crane Ope in Industry or busines. Y. Central industry or business. Y.	Days If less than one day Teless than on	Immediate cause of death strangulated rt inguing hermia Due to (gangrenous intesting and omentum) Oue broncho-pneumonia acute pulmonary artery Other conditions hernicoprophymancy reas occuping operations Major findings of operations Date Antopoy results PHYSICIAN: Please puderline the cause to which death should
Bu rial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hi Location Hagerstow 18. Funeral director Andrew K. Address Hagerstow	n Md. Coffman	22. VIOLENCE: If death was due to external causes, fill in the fol Accident, suicide, or homicide

(For newborn infants give residen	
state Maryland	County Washington
City or town Hagerstown (If outside city or town	limits, write RURAL and give nearest town)
Street No. 343 No. Mu	lberry st
(If rurat,	give LOCATION)
2.(a) If veteran, name war. Non	e

MEDICAL CERTIFICATION	
20. DATE OF DEATH September 20 1948	4 A
21. I CERTIFY that death occurred on the date above stated: that I attended dece	
and the last saw h. Landing on	19
strangulated rt inguinal hermia	ounation .30hrs
Oue to (gangrenous intestines and omentum)	***************************************
oue broncho-pneumonia	10 hrs
acute pulmonary artery thron	nbosis
Other conditions	
Committee of the commit	VA]

hern:	or property and property and omen tum sept/14/4	8
	Data of an	

YSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due-to external causes, fill in the following;

ident, sulcide, or homicide....... era did Injury occur?

(City or town) red at home, farm, industry, public place (where?)

Injured at work? ons of Injury

BINDING RESERVED FOR MARGIN

VS-A15

PLEASE



Reg. Dist. No. 305

	4,		CLIC	IIIICAI
1. PLACE OF DEATH	: .			
County Grash	malou			
City or town	de city or town lim	Mo	URAL and give ne	arest town)
How long in above place of de	eath? 69	year	0.	
Hospital, Institution, or stre	et address where d	eath occurred	:	
Potom	اللك الما		3	
How long in hospital or inst	itulion?	19-	mul.	w
3. (a) FULL NAME				
	7 Dana		21.1	00. 1
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, o	r divorged
7.	L . O . A			0
Jemely !	While		Single	
6.(b) Namo of husband or w	ifo	mal		
e.(o) Italia or hassana or h		0	A Malius aius aas	yeare
7. Sirth dafe of	7	A .) If alive, give age	7 A
deceased (mo., day, yr.)	Necena	lu-	11-18	0
8. AGE: Years	Months	Days	If less than one d	lay
17	8	25	hrs.	min.
9. Birthplace Coleles	Cross (Town, e	Road ounty, and a	Ward.	C. md
1D. Usual occupation	79	TURL	Kupu.	•••••
11. Industry or bueiness	8-	WIA.	1 dome	
# 12. Name	dam	tut	ull	
13. Birthptace	nola. C	0.	omd.	
	Mariet	+-	Pine.	
14. Maiden name		عالكات	10-1	***************************************
₹ 15. Birthplace	Wash.	Co,	rna	
16. Intermant	Maurice	- B	utzell	
Address 105 G	madum	Ho	agriston	o ma.
17. Autrum	removal. Which?)	Date there	(month)	8.1948 day) (year)
Cemetery or crematory.	Lawous	no M	Dausel	Luma
Location 13.07	rishes	o h	ad:	
18. Funeral director	17th 9.	(Saa)	t 9 Sou	۵
Address	3 rous	low	md	
19. Seld 8.	19.48°	. Jel	H- 6	Bast

(For newborn infants give reside	nce of mother)
	county branchington
0 200	- colonia
City or town(If outside city or town	limits, write RURAL and give nearest town)
Street No. Lotomac	. G.
(If ruro	l, give LOCATION)
2.(a) if veteran, name war	rw.
	3. (b) Social Security Number
	none
MEDICA	L CERTIFICATION
5.14.1	Lun - 6 - 19.48 at 51.30 A-1
21. I CERTIFY that death occurred on the d	ate above elated; that I attended deceased from
and that I last saw h	19 tf la 10 Safet le 19 t 8
and that I last saw halive on	Supet - 52 19 48
Immediate cause of death	DURATION
tone Cury Read C 2	ight found
	
Due to leaterial Itypa	A CENTRAL II
Quant attris	Reliance "
Duo to	
Diher conditions	
(Include pregnancy with	Nie 9
Major fiedings of operations	
	Dale of op.
Antopsy resolts	e to which death should be charged statistically.
22. VIOLENCE: tf death was due to exter	
Accident, eulcide, or homicide	Date of
Whore did Injury occur?(City or t	town) (County) (State)
Injured at home, farm, industry, public pl	ace (where?)
Meens of Injury	Injured at work?
0	
23. SIGNATURE De la	A made. m. D
_//	M, D, er other

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WRITE

PLEASE

Dr. Wade

BINDING

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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly.

VS A15



2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Single	20. DATE OF DEATH September 15 1948 at 4:151
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 19 to Sept. 15 1948 and that I last saw hear alive on Sept. 15 1948 Immediate cause of death
B. AGE: Years Months Days If less than one day 43 / 18hrs. min.	acute pulmorary adama 5 mi
B. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Birthplace 15. C. Sarolina 16. Birthplace 17. Name. 18. Sarolina 19. Sar	Due to Hepertenaire cardiarasculas Due to D
14. Maiden name Martha Washington 15. Birthplace Darlington, S.C.	(Include pregnancy within 8 months of death) Major fiadiogs of operations
15. Birthplace Darlington, S.C.	
B. Informant Deceased	Autopay results
Address 17. Burial, eremation, or reporal Which?) Cemetery or cremation with the control of th	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location albulus 7004	Injured at home, tarm, industry, public place (where?)
18. Funeral director class of endoor Address Los Beautly and 19. 917 19. 48 a.W. Hedrich (Date rech by registrar) Registrar	Mans of injury Injured at work? 23. SIGNATURE Robert Q Moseo MD. or other Address Ritchie Hospital Date signed Alept 15.

WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

PLEASE

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or Iswa	Wasing erstown it of death? etrast address where ton coun institution?	Mary 30 death occurred ty Hos	n yland URAL and give nearest tow years : : : : : :	n)	2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot state. Maryland County. City or town Hagerstown (If outside city or town limits, we street No. 209 Summer Street (If rural, give LOG 2.(a) It reters, name war.	Washingt	rest town)
3. (a) FULL NAMI						3. (b) Social Security 1	lumber
	Elsie	N. Ke	Blly s, married, widowed, or divorced			212-24-57	18
4. Sex	5. Color or race	6.(a)Singl	s, married, widowed, or divorced		MEDICAL CER		
Female	White	Wid	low		20. DATE OF DEATH	#8	at 1:55Pm
7. Birth date of	······································	8.(Kelly	years	21.1 CERTIFY that death occurred on the date above a January 19 47 and that I last saw her alive on 9.09	tated; that I attended deces	er 1948
dscassed (me., dsy.)	r.) June	D. LOS	1 If less than one day		Immediate cause of death Sarcoma		DURATION
8. AGE: Years		4	hrs.	min	Primary site Fu	1. 2/4.	2 month
10. Usuel occupation.	Housev	work	ty, Maryland	1	Due to		***************************************
12. NameL	ouis Plu Frederic	nkert k Cou	nty, Marylan	ıd	Other conditions Diabetes Mel		l year
14. Matdsn nsms.	Annie H	amlito	on unty, Maryla	and	(Include pregnancy within 3 mon		
16. loformant Mis	s Betty	Kellv			Antonia manite		
					PHYSICIAN: Please underline the cause to which	death should be charged	statistically.
17 Buri	gerstown al or removal. Which? Rose H	Date ther	eof 9-13-48 (month) (day) (year)		22. VIOLENCE: If death was due to external causes, Accident, suicide, or homicide	Date of	
			7land		Injured at home, farm, industry, public place (where	?)	
t8. Funorst director	С. м. з	uter	& \$0.113		Means of Injury	Injured at work?	1
	gerstown 12,49	/11		end	23. SIGNATURE 23. Address 148 N. Potomac St.		



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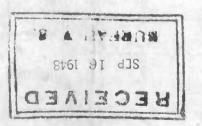
MARYLAND STATE DEPARTMENT OF HEALTH

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(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 114 West Potomac St. How long in hospitat or institution? 3. (a) FULL NAME Blanche Minnie Lizer 4. Sex Female St. Color or race 6.(a) Single, married, widowed. or divorced Female White Married 6.(b) Name of husband or wite Joseph Wesley Lizer 70 70 71. Birth date of deceased (mo., day, yr.) August 5, 1879 8. AGE: Years Months Days It less than one day 69 1 7 hrs. min. 9. Birthplace Oldtown, Allegheny, Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Name Don't Know 12. Name Don't Know 13. Birthplace 14. Maiden name Lottie Haugh 15. Birthplace Charless Lizer Charless Lizer Maiden name Lottie Haugh 15. Birthplace Charless Lizer Charless Lizer Maiden name Lottie Haugh Maiden name Lottie Maiden name	(For newborn infants give residence of mother) te Maryland couoly Washington y or town Williamsport (If outside city or town limits, write RURAL and give nearest town) eel No.114 West Potomac (If rural, give LOCATION) (a) It veleran, name war 3. (b) Social Security Number None MEDICAL CERTIFICATION DATE DF DEATH 22 19.45, at 25 I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48, to 29.42, 19.45 d that I lact law h. R.A.L. alive on 20.41 DURATID
How long in above place of death? 114 West Potomac St. 114 West Potomac St. How long in hospitat or institution? 3. (a) FULL NAME Blanche Minnie Lizer 4 Sex Female 5. Color or race 6. (a) Single, married, widowed. or divorced White Married 6. (b) Name of husband or wite Joseph Wesley Lizer 70 years 7. Birth date of deceased (mo., day, yr.) August 5, 1879 8. AGE: Years Months Days It less than one day 69 1 7 hrs. min. 9. Birthplace Oldtown, Allegheny, Maryland Due 10. Usual occupation. Housewife 11. Usual occupation. Housewife 12. Name Don't Know 13. Birthplace 14. Maiden name Lottie Haugh 15. Birthplace Charless Lizer 14. Maiden name Lottie Haugh 15. Birthplace Charless Lizer 16. (a) Single, married, widowed. or divorced 20. 21. 20. 21. Variety of pears Months Days It less than one day 15. Birthplace Due 14. Maiden name Lottie Haugh 15. Birthplace 16. (a) Single, married, widowed. or divorced 20. 21. Variety of pears Lizer 21. Variety of business 22. Variety of business 23. Variety of business 24. Variety of business 25. Variety of business 26. (a) Single, married, widowed. or divorced 26. (c) Italize Single 27. Variety 28. Variety Variety 29. Variety Variety 20. Variety Variety 20. Variety Variety 21. Variety Variety 22. Variety Variety 23. Variety Variety 24. Variety Variety 25. Variety Variety 26. Variety Variety 27. Variety Variety 28. Variety Variety 29. Variety Variety 20. Variety Variety 21. Variety Variety 22. Variety Variety 23. Variety Variety 24. Variety Variety 25. Variety Variety 26. Variety Variety 27. Variety Variety 28. Variety Variety 29. Variety Variety 20. Variety Variety 21. Variety Variety 22. Variety Variety 23. Variety Variety 24. Variety Variety 25. Variety Variety 26. Variety Variet	a) It veleran, name war (If rural, give LOCATION) (a) It veleran, name war 3. (b) Social Security Number None MEDICAL CERTIFICATION DATE OF DEATH 10. 12. 19.45. at 1.25. 11. CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45. to 19.45. (d) that I last law h. A.A. alive on 2.15. 11. 11.
3. (a) FULL NAME Blanche Minnie Lizer 4 Sex Female S. Color or race 6.(a) Single, married, widowed, or divorced Married 6.(b) Name of husband or wite Joseph Wesley Lizer 21. 70 6.(c) It alive, give age 70 years 8. AGE: Years Months Days It less than one day 69 1 7 hrs. min. 9. Birthplace Housewife Due Town, county, and state Due 12. Name Don't Know Days 13. Birthplace Due 14. Maiden name Lottie Haugh 15. Birthplace Chorles Lizer Maryland Maryland Chorles Lizer Maryland Maryland Chorles Lizer Maryland Marylan	3. (b) Social Security Number NOME MEDICAL CERTIFICATION DATE OF DEATH DATE OF DEATH 10. 12. 15. 45. at 1. at
Female St. Color or race 6.(a) Single, married, widowed, or divorced Female White Married 20. 6.(b) Name of husband or wite Joseph Wesley Lizer 21. 70 Sirth date of 6.(c) It alive, give age 70 years 3 4 4 4 4 4 4 4 4 5 4 4	None MEDICAL CERTIFICATION DATE DF DEATH
Female St. Color or race 6.(a) Single, married, widowed, or divorced Female White Married 20. 6.(b) Name of husband or wite Joseph Wesley Lizer 21. 70 Sirth date of 6.(c) It alive, give age 70 years 3 4 4 4 4 4 4 4 4 5 4 4	DATE DF DEATH
6.(b) Name of husband or wite Joseph Wesley Lizer 6.(c) It alive, give age 70 years and deceased (mo., day, yr.) August 5, 1879 8. AGE: Years Months Days It less than one day 69 1 7 hrs. min. 9. Birthplace Oldtown, Allegheny, Maryland Due (Town, county, and state) 10. Usual occupation. Housewife Due 11 todustry or business At Home 11 todustry or business At Home 12. Name Don't Know Dth 13. Birthplace 14. Maiden name Lottie Haugh Oldtown, Md.	I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 4 7 10 5 19 4 d that I last aw h
6.(b) Name of husband or wite	S-94 7 1948 to S-94 1.2 194 d that I last law h
10. Usual occupation Housewife 11 thoustry or business At Home 12. Name Don't Know 13. Birthplace 14. Maiden name Lottie Haugh 15. Birthplace Oldtown, Md.	mesocaultes Chronia 5 de
14. Maiden name Lottie Haugh 15. Birthplace Oldtown, Md.	eto
Charles Liver	(Include pregnancy within 8 months of death) jor fiedings of eperations
Williamsport, Md.	topsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory Riverview Cemetery Wh	VIOLENCE: tt death was due to external causes, till in the tollowing: cident, suicide, or homicide
18 Funeral director Edith V. Leaf Address Williamsport, Md.	ured at nome, tarm, industry, pas c press (wherein

	3. (b) Social Security None	Number
	CERTIFICATION 2 19.45	- 1 / 30 A
21. I CERTIFY that death occurred on the date	above stated; that I attended decision in the state of th	2 19 4 5 13 4 8
Immediate cause of death		DURATION
messaultis	Chionie.	5 day
Due to,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
***************************************	***************************************	****
Due to		
Other conditions Business	asltma	1 fra
(Include pregnancy within	3 months of death)	,
Major fiedings of operations		
	Date of op	
Autopsy results	which death should be charge	d statistically.
22VIOLENCE: tt death was due to external	causes, till in the tollowing:	
Accident, sulcide, or homicide	Date of	
Where did Injury occur?(City or tow	n) (County)	(State)
Injured at home, tarm, industry, public place		
Means of Injury	Injured at work?	
23. SIGNATURE Dem R	Juniory	or other

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MARVIAND	STATE	DEPARTMENT	OF	HEALTH
WARILAND	SIAIL	DEFARIBLEST	OI.	ILLALII

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

		CERTIFICAT	E OF DEATH Reg. Dist. No.	
City or lown Shar	ngton Coursell Medical Posture		2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) Maryland State Sharpsburg, Md. (If outside city or town limits, write RURAL and give ne Street No	arest town)
3. (a) FULL NAME Harry Le	eslie Low	man	3. (b) Social Security	
4 Sex Male	S. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION	,al4:00A.N
7. Birth date of deceased (mo., day, y	Jan. 13	Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended doc- August 1, 19 1/8 10 September 25, and that I last saw hin alive on September 25, Immediate cause of death Coronary thrombosis	19.48
10. Usual occupation	Machine W. Md.	hurg, Wash. Md. Shops R. R.	Due to Arteriosclerotic heart disease.	
12. Name Aug	gust Lows Germany	an .	Other conditions	
Address Shar	psburg,	Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, cremation	or removal, Which?) Mt. Vie	Bale lhereof Sept.30 1948 (month) (day) (year)	Accident, suicide, or homicide	(State)
18 Funeral director		Md. Leaf Md.	Injured at home, farm, industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE M. D.	MD, or other
19. (Data fee'd by re	gistrar)	Kegistrar	Address Shepherdstown, W. Va. Dale signed	Sep.30, 148



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

3/2			-7-	
	Reg. Dist.	No.	50	-

1. PLACE OF DETAIL County of two members in factor give residues of months? State (For members in factor give residues of months) State (For members in factor give residues of months) State (Foundation of the advanced of months) State (Foundation of the advanced of months) State (If outside city or town limits, write AURAL and give nearest town) Street No. (If outside city or town limits, write AURAL and give nearest town) Street No. (If outside city or town limits, write AURAL and give nearest town) Street No. (If outside city or town limits, write AURAL and give nearest town) Street No. (If outside city or town limits, write AURAL and give nearest town) Street No. (If outside city or town limits, write AURAL and give nearest town) 2.(a) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) 2.(b) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) 2.(c) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) 2.(d) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) 3. (d) Social Security Number MEDICAL CERTIFICATION 2.(e) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) MEDICAL CERTIFICATION 2.(e) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) MEDICAL CERTIFICATION 2.(e) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) Aurantic Members of the Aurantic Given town limits, write AURAL and give nearest town) 2.(e) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) 2.(e) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) 2.(e) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) 2.(e) If veloran, name war Aurantic Given town limits, write AURAL and give nearest town) 3. (d) Social Security Number 4. (e) Aurantic Given town limits, write AURAL and give neare				
State County Cou				
City or town. (If outside stry or town limits, write RURAL and give pharest town) How long in above place offseah? Hospital, institution, or street address where death occurred: Street No. (If outside stry or town limits, write RURAL and give peacest town) How long in hospitar or institution? 3. (a) FULL NAME Samuel M. Rowman 4. Sex 5. Color or rage 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I phended peaceset from the date above stated; that I phended peaceset fro	14 million Ton and a	111	Machine	Tail .
How long in above place or Seath? How long in heaptrab or institution? A sex Start Manual M	(If outside city or town limits, write RURAL and give pearest town)	State	7.00	7
Street No. (If rural, give LOCATION) 3. (p) FULL NAME Sexual 4. Sex 5. Edicor or ruse 6. (a) Single, married, widowed, or divorced Wildram 4. Sex 5. Edicor or ruse 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. Date De Death 21. I CERTIFY that death occurred on the date above stated; that I relanded faceseed from	How long in above place of heath? 4 4 securities	(If outside city or town limits,	write RURAL and give nea	rest town)
Row long in hospital or institution? Row long in hospital or institution? Row long in hospital or institution? Row long in hospital or rape S. Color or rap	Hospital, institution, or street address where death occurred:	Street No. 12011		
3. (b) Social Security Number Curricle M. Soveran 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Wildowed 8. (b) Name of husband or wife 20. Date DF DEATH 21. I CFRIFY that death occurred on the date above stated; that I stended deceased from 22. I CFRIFY that death occurred on the date above stated; that I stended deceased from 23. (b) Name of husband or wife 24. I CFRIFY that death occurred on the date above stated; that I stended deceased from 25. Birth date of the first than one day 3. (b) Social Security Number NEDICAL CERTIFICATION 20. Date DF DEATH 21. I CFRIFY that death occurred on the date above stated; that I stended deceased from 24. The first date of the first death occurred on the date above stated; that I stended deceased from 25. Birth date of the first death occurred on the date above stated; that I stended deceased from 26. The first date of the first death occurred on the date above stated; that I stended deceased from 27. Birth date of the first death occurred on the date above stated; that I stended deceased from 28. AGE: Years Months 19. 4. The first death occurred on the date above stated; that I stended deceased from 29. Birth date of the first death occurred on the date above stated; that I stended deceased from 29. Birth date of the first death occurred on the date above stated; that I stended deceased from 29. Birth date of the first death occurred on the date above stated; that I stended deceased from 29. Birth date of the first death occurred on the date above stated; that I stended deceased from 29. Birth date of the first death occurred on the date above stated; that I stended deceased from 20. Date DF DEATH 20. Date DF DEATH 21. I CFRIFY that death occurred on the date above stated; that I stended deceased from 21. I CFRIFY that death occurred on the date above stated; that I stended deceased from 21. I CFRIFY that death occurred on the date above stated; that I stended deceased from 22. L CFRIFY that death occurred on the da	29. Turning	ii .	OCATION)	
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 1. Sex 1. Second or race 8. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE DE DEATH SLEPT 19 19 19 19 19 19 19 19 19 19 19 19 19		2.(a) If veteran, name war.		
4. Sex S. Color or rus S.	3. 69 FULL NAME		3. (b) Social Security	Number
8. (b) Hame of suspand or wife 8. (c) It alive, give age 9. Birthplace (Town, country, and state) 19. Usual occupation 10. Date DF DEATH 20. Date DF DEATH 20. Date DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I phended decessed from 21. I CERTIFY that death occurred on the date above stated; that I phended decessed from 21. I CERTIFY that death occurred on the date above stated; that I phended decessed from 22. I CERTIFY that death occurred on the date above stated; that I phended decessed from 23. On the condition 24. I CERTIFY that death occurred on the date above stated; that I phended decessed from 25. I Substitute 26. I Substitute 27. Birth date of that I last saw h 28. AGE: Years Months Days It less than ood day 29. Dirthplace 19. Usual occupation 20. Date DF DEATH 21. I CERTIFY 21. I CERTIFY 21. I CERTIFY 22. I GERTIFY 23. Dirthplace 24. Days 25. Due to 26. Due to 27. Due to 28. Due to 29. Due to 20. Days 20. Days 20. Days 20. Days 21. I CERTIFY 21. I CERTIFY 22. I GERTIFY 23. Dirthplace 24. Due to 25. Due to 26. Due to 27. Due to 28. Due to 29. Due to 29. Due to 20. Due to 21. I CERTIFY 21. I CERTIFY 22. Last 23. Due to 24. Due to 25. Due to 26. Due to 27. Due to 28. Due to 29. Due to 29. Due to 20. Due to 21. I CERTIFY 21. I CERTIFY 22. Due to 23. Due to 24. Due to 25. Due to 26. Due to 27. Due to 29. Due to 20. Due to 21. Due to 22. Due to 23. Due to 24. Due to 25			noul.	
8.(b) Name of suspand or wife 8.(c) It alive, give age 9. Birth date of 10 10 10 10 10 10 10 10 10 10 10 10 10		MEDICAL CE	RTIFICATION	
8. (b) Name of suspand or wife 21. I GERATFY that death occurred on the date above stated; that I attended decessed from 1948, to	Male White Widowed	20 DATE DE DEATH SENT 1	D - 101/6	333
8. AGE: Years Months Days It less than oog day 9. Birthplace (Town, country, and otate) 11. Industry or business 12. Hame Sarry Country and Sarry Country C	bank		111	
7. Birth date of deceased (mo. Dr. Y.) 859. The State of the cause of death. 8. AGE: Years Months Days It less than ooe day 8. Birthplace Town, conftry, and etate) 10. Usual occupation. 11. Industry or business 12. Name Samuel - Lower Conditions 13. Birthplace Traffice Traffi	de retario	aua 12h	18 to sent	10 10 48
8. AGE: Years Months Days It less than ooe day 9. Birthplace (Town, county, and etate) 10. Usual occupation Facular 11. Industry or business 12. Name Samuel Canada Other Conditions 13. Birthplace Facular 13. Birthplace Facular 14. Canada Variable Due to Agreetic Samuel Canada Other conditions	8.(c) It alive, give age years		1-1	1/1
8. AGE: Years Months Days It less than ooe day This. min. Cardio Variety 10. Usual occupation. Faculty 11. Industry or business 12. Name Sacruet Savelle, Fiel Cardio 13. Birthplace Varysville, Fiel Cardio 14. Industry or business 15. Manuelle Savelle, Fiel Cardio 16. Usual occupations 17. Due to Agrantical Savelle 18. Birthplace Varysville, Fiel Cardio 19. Usual occupations 1			/	
8. Birthplace Town, confity, and state) 10. Usual occupation. 11. Industry or business 12. Hame	8. AGE: Years Months Days It less than one day	•		
9. Birthplace Transfer Due to	89 0 /hrsmin.	Cardio - Vase	Mass	***************************************
11. todustry or business 12. Name Sarral Querille, Trul le sud 13. Birthplace Haysville, Trul le sud	9. Birtholace dutershing mul	Due to senal dise	aa.	12/2.
11. Industry or business 12. Hame Samuel - Lower Other conditions 13. Birthplace Haysville Tiel les und	(Town, condity, and state)			
11. tradustry or bustness 12. Name Sarund - Lawman Other conditions 21. Birthplace Prayaville Tred les und	1D. Usuai occupation.	bh note:		122/
2 13. Birthplace Prayaville Tred les und	11. Industry or business			0
	12. Name Sarund - Lawman	Other conditions		***************************************
14. Maiden name. Elizabeth. anery. Zoman Major findings of operations. 15. Birthalogo V. D. Arrille. Tallo les and	13. Birthplace Prayswille Trul la sud			
15 Birthalase Vra Anille . Talle les and Major findings of operations.	14. Maiden name Elizabette, avery, Louran	(Include pregnancy within 8 me	onths of death)	
	15 Blothelas Va Daville, Falle la med	Major findings of operations	***********************************	
	- 0 111 7			B00+ 80000 00 00 00 00 + 0 + 0 + 0 + 00 + 40
16. Informant Actopsy results. Actopsy results. PHYSICIAN: Flease underline the cause to which death shootd be charged statistically.	10. [310] [30]			statisticaDv.
Address / + aguilative which R F. D F 11151CE: It death was due to external causes, fill in the following;	Address It agrees lower stend N T. W X			
17 Pate thereot 9-13 1999				
	Litary 1			
Cemetery or eremetery X (City or town) (Couety) (State)	Cemetery or eremetery			
Location Certification III injured at home, 1arm, industry, public place (where?)	Location Condition and The	tnjured at home, farm, industry, public place (whe	re?)	
18. Funeral director Land. 181 Languer Means of Injury injured at work?	18. Funeral director Laco. Pol Magner	Means of Injury	injured at work?	1
Address Smithsterns and & + The 18/11		4	710	18 11
23. SIGHATURE OMOS M. D. or other	1/4 A A A A A A A A A A A A A A A A A A A	23. SIGHATURE ONIGH	Virt	emy/
(Date rec'd by registrar) Registrar Man Hagen town M. D. or other M. D. or other	10 Peters 18 450 PHBUILDOWN	1 Hagentone 2		/

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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THE SERVICE STREET

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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City ar town	ashingtor Lagerstown outsidu eity or town l ce of death?	imite, writu R death occurred	URAL and give nearest town) : ospital	State County County Rural Hagerstown		
3. (a) FULL NAM	AE .		l Mills		3. (b) Social Sec	
Male	S. Color or race White		ingle		oical certification ember 21, 1948	
7. Birth date of deceased (mo., de)	, yr.) JULY	7 18,	2) If alive, give age	years and that I last saw h	on the date above etated; that I attend	05 21 19 48 19 48 DURATION
8. AGE: Yes		Oays 3	tf lese than onn dayhrs.	min. MARAS	202	4:7.
10. Veual occupation 11. Industry or bueln 12. Name 13. Birthplace	John F. 1	(ills	nty, Marylan	Due to	ncy within 3 months of death)	
14. Maiden nam 15. Birthplace 16. Informant	Washingto	n Cou Mills	ry nty Maryland te # 2 Md.	Majur findings of aperations Autopsy results		harged statistically.
Cemelery or crem Location	Clears Snyder	oring oring. - Row		net exhet, suicide, or homicide net exhet did injury occur?	Oate o	(State)
19. (Date pec'd by	1.2348	- /	East Ploces	23. SIGNATURE.	min md Date	M. D. or 9-21-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

r. Diat. No. 302

1. PLACE OF DEATH: County			ryl and URAL and give nearest town) Street	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland. Couoty. Washington City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 427 North Prospect Street. (If rural, give LOCATION) 2.(a) 11 veteran, name war. 3. (b) Social Security Number NONE		
4. Sex	5. Color ar raco	6.(a)Single	, married, widowed, or divorced		ERTIFICATION	A
Male	White	S	ingle	20. DATE OF DEATH. Sept/	28/48	4:15
6.(b) Namo of hueband 7. Birth data o1	or wifa			21. I CERTIFY that death occurred on the dato abo	ve etated; that I attended dace	19
deceased (mo., day,			If feee than one day	Immediate cause of death		DURATION
76	0	17	hrsmin.	gun shot bullet	t) into	•••
1D. Usual occupation. 11. Industry or business 12. Namo	Retire saac Moor Mooresvil Matilda Parkhead,	e le, M Mill Mary	s land	Duo to	months of death)	
	rs. Mary rerstown,			Autopsy results	hich death should he charged	statistically.
17. Burial (Burial, cremation) Cemetery or cremat Location Had	Rose Hyerstown, C. M. Su	Date ther ill C Mary ter &	emetery land Sons	22. VIOLENCE: If death was due to external cau Accident, eulcide, or homicide	herer) home Tonyoù War DEFUTY WEI WASH.	(State) DICAL EXAM.
19 Seft 30 1948 Chast flowers (Date ree'd by registrar) (Date ree'd by registrar)			east Bowers	Hamatain	м. D.	0

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

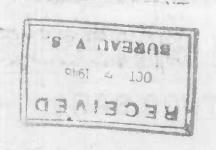
CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			Monuland	Woohington	
City or town				ounty Washington	
How long in above place	of death?	***************************************	City or town	its, write RURAL and give nearest town)	
Hospital, institution, or			Street No		
***************************************			(If rurai, giv	ve LOCATION)	
			2.(a) If veteran, name war		
3. (a) FULL NAM	Launa M	. Myers		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Female	White	Married	10/10	19.4/8 at 1:30 A. M	
B.(b) Name of husband	James	s F. Myers	21. I CERTIFY that death occurred on the date at		
				145 x, 10 5 3 7 10 10 4 8 10 10	

7. Birth date of deceased (mo., day, y	Se pt	. 19,1897	and that I last saw h	19.4-6	
8. AGE: Years		Days If less than one day	Immediate cause of death	DURATION	
8. AGE: 50	11	21	Noturnent au	no-Carlinoma	
30	11	Lmin.	The state of the s	r Pelvis 1 Als	
Pol		neh Md			
8. BirthplaceBal	(Town,	county, and state)	Due to.		
	110-0-	Duties	Charles VIII CAN CA	NO COLO	
10. Usual occupation	Ilvave.o.		Due to		
11. Industry or busines:	s		The Junders 19	La Dires I mo	
12. Name	Charle	es Boyer	Diher conditions		
	Sharp	sburg, Md			
14. Maiden name 15. Birthplace	0.41	rine Arts	(Include pregnancy within 8		
LO			Major findings of operations	= ca courte	
≥! 15. Birthplace	Fairp	lay-Md		Date of open day	
16. Informant	James	F. Myers	Antopsy results		
Address	Harper	r's Ferry R. F. D. #1	22. VIOLENCE: tf death was due to external or		
17Buz	rial Which?	Date thereof Sept 11, 1948.	Accident, suicide, or homicide		
	Compl.				
Cemetery or cremato		es Manor	Whers did injury occur?(City or town)		
Location	100000000000000000000000000000000000000	n, Maryland	Injured at home, farm, industry, public place (
18. Funeral director	R. I.I	Sernshew	Means of injury	injured at work?	
Address	Keedys	sville, Md	23. SIGNATURE ME H . S	Theady hat	
19.9-10	19 48	Cell Dogs	Sharldmon	M. D. of other 1481	





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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

information carefully. The correct of death clearly and legibly.

UNFADING INK. Supply every item of ant. Physicians: please write the causes

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PLAINLY, W

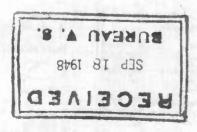
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Reg. Dist. No. 305

CERTIFICA	IE OF DEATH Reg. Dist. No. 303
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State PENNA- County FRANKLIN City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurut, give LOCATION) 2.(a) ff veteran, name war. 3. (b) Social Security Number
Victor myere.	NONE
4. Sex MALE S. Color or race MALE WHITE WIDOWED 6.(a) Single, married, widowed, or divorced WIDOWED 6.(b) Name of husband or wite S. Color or race G. (a) Single, married, widowed, or divorced WIDOWED	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo. day, yr.) FEB. 5, 1867 8. AGE: Years Months Days If less than one day 7 10 hrs. min.	Immediate cause of death OURATION / Proces
8. Birthplace	Due fo
13. Birthplace MD. 14. Malden name CATHERINE LE CRONE 15. Birthplace MD.	(Include pregnuncy within 3 months of death) Major findings of operations. Oats of op.
18. Informant RABERT MYERS Address 20 W-4 ZMST. WAYNES BORD PA. 17. BURIAL Date thereof SEPT. 18 1948 (Buriat, cremation, or removat. Which?) Cemetery or crematory CEDAR HILL CEMETERY Location GREEN CASTLE PENNA. 18. Funeral director R. D. Carnshaw	Autopsy results
Address KEEDYS VILLE MD. 19. Sept. 15. 1948 John N. Best Registra: Registra	23. SIGNATURE JSC les of 2 20 M. D. M. D. M. D. M. D. M. D. D. Date signed 9/15/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: hereton Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(If outside city or town limits write) URAL and give nearest town)	State County Trankley
How long in above place of death? Hospital, Institution, or street address where death accurred:	(If outside city or town limits, write RURAL and give nearest town)
Willamsport Sanatsrum	Street No. (Ifrural, give LOCATION)
How long in hospitat or institution?	2.(a) ff veteran, name war.
A	TIN NISWANDER 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Seld 1948 at 41
6.(b) Name of husband or wife alla resurandy	21. I CERTIES that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Oan (888)	and that I last saw h. M. alive on
8. AGE: Years Months 8 Days If less than one dayhrsmin	Immediate case of death OURATION Our State Secongaria (0 190
9. Birthplace Welsh Runs (Town, county, and state)	Due to Multiple Myeloma
1D. Usual occupation	Ous to.
11. Industry or business 12. Name Martin Planess 13. Birthpiace	··· Dther conditions
	(include pregnancy within 3 months of death)
14. Maiden name. Elizabeth Meyers 15. Birthplace	Majur fiudiags of operations. Date of op.
Address Chambershing P	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17. (Burial, cremown, or removal, Which) (Burial, cremown, or removal, Which)	22. VtOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location man Areencastle	Injured at home, farm, industry, public place (where?) Masns of injury Injured at work?
18. Funeral director	0 0051 6
Address . Jan 48 8 Lee Mc Elser	23. SIGNATURE M. De or other
(Date red d by registrar)	Address



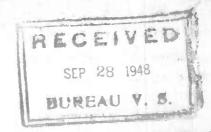
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

09742

Reg. Dist. No. 30 2

1. PLACE OF DEATH: Washington 2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	state Maryland county Washington		
1) Dity or laws			
(12 outside sity or town limits, write RIRA)	I. and give nearest town)		
52 Wijzabeth Street	D and give nearest way,		
52 Elizabeth Street (Ifrural, give LOCATION)			
How long in heapital or lactifulion?			
	cial Security Number		
110114 11114000011 110111004	NONE		
4. Set S. Celor of race 6.(a)Single, married, widowed, or divorced MEDICAL/CERTIFICA	TION		
Female White Widow 20. DATE DF DEATH 9/24/4	19		
8.(b) Name of husband or wite. James H. Norwood 21. I CERTIFY that deelh occurred on the date above stated; that			
6.(b) Name of Russans of Wife	7/2		
7. Birth date of and that I last eaw h alive on			
decessed (me., day, yr.) AUGUST 22, 1859	DURATION		
8. AGE: Yeare Menthe Daye If lese than one day	/		
89 1 3hre. min. Carristive Heart to	eliere But		
	/		
s. Sirthpices Rochester Co. Virginia Due to (Town, county, and state)	400000000000000000000000000000000000000		
10. Usuel occupation At Home			
10. Usuel occupation			
11, leducity or business			
12. Name John Davis Diter conditions			
	are 5/m		
(Include pregnancy within 3 months of deat)	h)		
14. Maiden name Mary E. Coleman (Include pregnancy within 8 months of death	***************************************		
14. Malden name Mary E. Coleman Major findings of operations. Da Da Da Da Da Da Da Da Da D	ite al ap		
Mary War 2 7 days Mr. ITown on	•		
PHYSICIAN: Please underline the cause to which death should	old be charged statistically.		
Addrese Hagerstown, Maryland			
22. VIOLENCE: IT death was due to external causes, the in the			
17. Bure 12. Dale thereef. Dale thereef. (Burlal, eremation, or removal, Which?) (Burlal, eremation, or removal, Which?)	Date el		
	ounty) (State)		
Lecallon	ed at werk?		
19. Fuseral director, M. R. Etchison & Son	110		
Addresse Frederick, Maryland 23, SIGNATURE Starter			
Velt 26. 118 Bless Housers. 23. SIGNATURE	M. D. or other		
(Date rec'd by registrar) Registrar Addreee.	Date eigned		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Washington	Maryland Washington		
Hagerstown (If outside city or town limits, write RURAL and give nearest town)	Slate County Was silling County		
(If outside city or town timits, write RURAL and give nearest town)	City or fown (If outside city or town limits, write RURAL and give nearest town)		
low long in above piece of deeth?	703 South Potomar Street		
703 South Potomac Street	Street No		
	First World War		
low long in hospital or testitution?	3. (b) Social Security Number		
3.(a) FULL NAME John Howard Pearl	214-09-3473		
6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH September 28, 1948 7:50 A. W		
B.(b) Hems of husband or wite. Fren Pearl	21. I CERTLY that desth occurred on the date above stated; that attended degrased from 1945 to 1945 to 1945 and that I last sawh Arm. alive on Appendix 22, 1946		
7. Birth dats of 3.000000000000000000000000000000000000	and that I last samp Am alive on Alpumber 22, 1948		
decessed (me., day, yr.) Sept. 11, 1886			
8. AGE: Years Months Days 11 less than one day 62 0 17 hrsmin	Immediate cause of dienth occursion 10 minutes		
10. Usual occupation Cabinet Maker 11. Industry or business	Due to		
12. Name Cornelius Pearl 13. Birthplace Maryland	Other conditions		
14. Maiden nome Katherine Ob Connor	(Include pregnancy within 3 months of death)		
E 14. Malden name.	Miniot minings or oberminous		
14. Malden nome Katherine Ob Connor 15. Birthplace Maryland	Date of op.		
18 Informant Mrs. Fren Pearl	A - 4		
Address 703 S. Potomac St. Hagerston	PHYSICIAN: Please underline the cause to which death should be thanged statistically.		
Burial Date thereot Ccts 1 1248 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cometery or cromatory Rest Haven Cemetery	Where did injury occur?		
Location Hagerstown, Maryland	Injured at homo, farm, industry, public placs (where?)		
18. Funorsi director Fred W. Kraiss	Manual of Indian		
Address Hagerstown, Maryland	CPKN manual ma.		
12/ Sept 30 10 48 Shorthsocces (Dato rec'd by registrar) Registrar	23. SIGNAPHRE M. D. ogother, 30. 194 Address Italyant Iww M. D. ogother, 30. 194		

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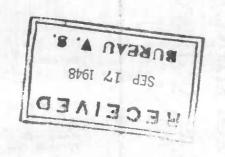
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Diat. No. 322
County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospital, institution, or street address where death occurred: Washington Now long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) Slate
3.(a) FULL NAME FREDBRICK W	PALK PICKING 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 45 20. DATE OF DEATH 20. D
6.(b) Name of husband or wife Sunka Ricking 7. Birth date of deceased (mo., day, yr.) Queg 15. 1861 8. AGE: Years Months Days If less than one day 28	Immediate refer of death DURATION DURATION
9. Birthplace	Due to
13. Birthplace 14. Maiden name Mary Walk 15. Birthplace	(Include pregnants within 3 months of death) Majur fieldings of operations.
Address Marion Address Date thereot Self (Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? Accident the cause to which death should be charged statistically.
Location Loc	injured at home, fame industry, public place (where?) Mesens of injury Mesens of i
19 Sept 32 1948 Electroner Registrar) (Daty rec'd by registrar)	23. SIGNATURE M. D. or other M. O. o

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

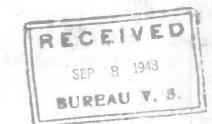
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CERTIFICATE OF DEATH

Dist No 302

City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)			and URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate. Maryland		
Now tong in above place of death?			l:	City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 711 Oak Hill Avenue (If rural, give LOCATION)		
Now long in hospital o	r teetitution?		***************************************	2.(a) tf veteran, name war		
3. (a) FULL NAM		s Bell	e Poole	3. (b) Social Secur NONE	rity Number	
Female	S. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	15 1230 Pm	
B.(b) Name of husband	or wita		c) It alive, give ageyears	21. I CERTIFY that death occurred on the date above etaled; that I altended 11. 19. 17. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	deceased from 19 48	
8. AGE: Years 45	B Months	Daye 9	ti tees than one day	Immediate cause of death		
10. Usual occupation. 11. Industry or business 12. Name	Art Tea Woodlan	cher d Way Poole		Due to	8то 45то	
13. Birthplace 14. Maiden name 15. Birthplace W			er hty, Md.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant	. Ernest	TANT		Autopsy results		
Burial Date thereof 9-4-48 (Burlal, cremation, or removel, Which?) Cemetery or crematory Rose Hill Cemetery			emetery	22. V10LENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Localion Hagerstown, Maryland			yland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. C. M. Suter & Sons Address Hagerstown, Maryland 19. Sept 4. 19. Sunt Howers (Data rec'd by registrar) Registrar			Land Lant Bower	23. SIGNATURE EMIST 7 Port	eml)	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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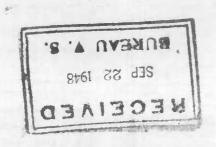
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Reg. Diat. No. 302

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County Washington		
City or town			
ow long In above place of death?	City or tewn		
Hospital, Institution, or street address where death occurred:			
Washington County Hospital	Street No		
How tong In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Martha Grayson Pry	3. (b) Social Security Number		
	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION		
T CHALL WILLOW C	20, DATE OF DEATH Sept. 16 48 at 8:15P		
6.(b) Name of husband or wife Charles A. Pry	21. I CESTIFY that death occurred on the date above stated; that ("attended deceased from		
	Jepts 10Kf 10 Jept 18 10Kf		
7. Birth date of	and that I last saw h. W. alive on Sept 6 18 8		
deceased (mo., day, yr.) May 29, 1865	and that I had San R. T		
8. AGE: Years Months Days If less than one day	morning West of Linus - left 1 large		
83 4 18 hrsmin.			
,	Others Shettent brocone 24/0.		
9. Birthplace Luray Paige Virginia (Town, county, and state)	Due to		
10. Usual occupation Home Duties	Due to.		
ff. Industry or business			
12 Hame Benjamin F. Grayson	Other conditions		
13. Sirthplace Luray, Virginia	Other Conditions		
	(Include pregnancy within 3 months of death)		
f4. Malden name Caroline Seibert	Major findings of operations		
15. Birthplace Luray, Virginia	Major hadings of operations. Date of op.		
t6. Informant Miss Louise Pry	Antopsy results		
Address Hager stown, Md			
	22. VIOLENCE: If death was due to external causes, flit in the following:		
(Burial, eremation, or removal, Which?) Bate thereof. Sept. 19.1948. (month) (day) (year)	Accident, suicide, or nomicide.		
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)		
	tnjured at home, tarm, injustry, autic place (where?)		
Location Sharpsburg, Md	Injured at nome, tarm, industry, and to place (wherey)		
ts. Funeral director R. I. Earnshaw	Means of Injury Fell of the Injury at Ork?		
Address Keedysville Md	Having XDI down - This I was		
Set 17 118 (Sentile	23. SIGNATURE. M. D. or other		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
- UOUNTY	state Maryland county Washington
City or town Bunks town Mary Is nd (If outside city or town limits, write RURAL and give nearest town	
Now long in above place of death? Life	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or alread address where death occurred:	Straat No. WS West Side Avenue
WS West Side Avenue	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) til veteran, nama war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Elizabeth Ree	cher NONE
4. Sea 5. Color or race 5.(a)Single, marriad, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH DEATH 19.448 at 2:00 P
	21. I CERTIFY that daath occurred on the data above stated: that Intended deceased from
S.(b) Name of husband or wite Lewis F. Reecher	
7. Birth data of The same the same that the	and that I leat 22w here ally on 18.4.5
dacasaed (mo., day, yr.) December 9, 1871	Immediate cause of death
8. AGE: Years Months Days If lass than one day	Constral Hemontal 9/12/4
76 10 8hra.	min.
Hancock Maryland	11/4 Outlow Carda +
8. Birthelace Hancock, Maryland (Town, county, and state)	
1D. Usuel occupation Housewife	Joseph Messe
	Due 10
11. Industry or business	
12. Name	Dihar conditions
	(Include pregnancy within 3 months of death)
算 14. Maldan name Mary Welsh	Major findings of operations
Funkstown, Maryland	Data of op.
14. Maiden name Mary Welsh 15. Birthplace Funkstown, Maryland 18. Informent Lewis F. Reecher	Autopay resolts.
16. Informent	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrass Funkstown, Maryland	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Burial Burial (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	ar) Accident, suicida, or homicide
Comstery or crematory Funkstown Cemetery	Where did injury occur?
Funkstown Maryland	Injured at home, tarm, Industry, public place (whara?)
Location	Maena of injury / Injured at work?
10. Funeral director	1-0 - 0
Address / Hagerstown Maryland	23. SIGNAUSE Ichny hoursten mat
1 12 10 10 late alland	
(Date pc'd by registrar)	egistrar Address Leghtham Y 7 Daie signed //)/



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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MARGIN RESERVED FOR BINDING

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 2	m lilast
(If outside city on fown limits, write RURAL and give pearest town)	P
low long in above place of death? Tryerstown Hospital	City or town
lospital, institution, or street address where tath occurred:	Street No Smilesturg Md. #
	Of rural givoLOGATION)
low long in hospital or institution?	2.(a) If veteran, name war Smith along Mat 3
3. (a) FULL NAME Franklin Eugene	Ridenour 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, on divorced	MEDICAL CERTIFICATION
m. W. S.	20. DATE OF DEATH. Sc 127 . 7 19.48 21
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	5 Log Sup 5 18.48 to 3 4 4 7 19.5
7. Birth date of	
deceased (mo., day, yr.) - Sept. 3 1948	Immediate cause of death atal eath a sis gling DURATIO
8. AGE: Years Months Days If less than one day	Immediate cade of death.
hrs	
(1) agnestroro. Pa:	Ilamia Delli
9. Birthplace	Strange Lobel
1D. Usual occupation	
11. Industry or busines's	Uue to
	But a station
E CO	Differ Conditions
El 13. Birthplace 6 dgo mont	(Include pregnancy within 8 months of death)
14. Malden name Mangaret Miller	Major findings of operations, St. tangulatul harans.
\$ 15. Birthplace Smith burg md'	Rosection a slein Day of op 9-6-4
18 Interment mr. Edward & Ridenaur	- Antoney results blanch to make a see and act of the last the last
1.110	PHYSICIAN: Plesse underline the cause tu which death should be charged statistically.
Address Smithsturg med 10/10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
The first to the second	Where did injury occur?
Cemetery or crematory	Injured at home, farm, Industry, public place (where?)
Location On Of Of	Means of Injury Injured at work?
18. Funeral director. Waller of Fore	mono or impri
Address 27 & Church of Wayneslovo to	3. X/11(1/1 1/NC)
labe > 10 Blacktiff and	23. SIGNATURE M. D. carabler
19. 19. 40 100 Parts	Taskinglor Educy Hospinal

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birth date shown on: 2411 N. Charle	PARTMENT OF HEALTH Dr. Sullivan 49 es St., Battimore TE OF DEATH Rog, Diat. No. 302
1. PLACE OF DEATH: County Washington City or town Hagerstown (tr outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or etreet address where death occurred: Washington ounty Hospital How long in hospital or institution?	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother) State Maryland County Washington City or town Hagers town (If outside city or town limits, write RURAL and give nearest town) Street No. 402 Mitchell Ave (If rural, give LOCATION) 2.(a) th veteran, name war. None
3. (a) FULL NAME RICHARD EDWARD SCHLOTTERBECK 4. Ses 5. Color ar race 6. (a) Single, married, widowed, or divorced N Male White cingle	3. (b) Social Security Number None MEDICAL CERTIFICATION P 20. DATE OF DEATH. September 27 1948 at 7 a 30 a
S.(b) Name of hueband or wife S.(c) If alive, give age years T. Birth date of deceased (mo., day, yr.) September 23 1948 8. AGE: Years Months Days It less than one day 4 0 3hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-9-19-78 to 9-27-19-78 and that I last saw h / / / / / / / / / / / / / / / / / /
9. Birthplace Hagerstown Wash Co. and (Town, county, and state) 10. Usual occupation None 11. Industry or business 12. Name Harry E. Schlotterbeck	Due to Due to Diher conditions
13. Birthplace Hagerstown Md. 14. Maiden name Anita Owens 15. Birthplace Hagerstown Md. 18. Informant Harry E. Schlotterbeck	(taclude pregnancy within 3 months of death) Major, findings of operations. Byne Manuer Burpy Leuten in Date of pp. 8-16-48 Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagerstown Md. 17. Burial Bale thereof 9/30/48 (Burial, crematory Rose Hill cemetery Cemetery Rose Hill Cemetery Location Hagerstown Md.	22. VIOLENCE: If death was due to esternal causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Andrew K. Coffnan Address Magers town Md. 19. Sefet 30, 19 48 Blassff Sowers (Date registrar) Registrar	Meens of Injury Meens of Injury Injured at work? M. D. or other Address / 3 5 N. Pulm av St Bate signed 9-28-43

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Rog. Dist. No. 302

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	state Maryland county Washington
How long in above place of death? 5. day.s.	City or town. Hazerstown (If outside city or town limits, write RURAL and givs nearest town)
Hospital, Institution, or street address where death occurred:	511 Maryland Ave
Wash. Cty. Hospital How long in hospital or institution? 5 days	
3. (a) FULL NAME	
	3. (b) Social Security Number
Edwin Alexander Scott 4. Sex 5. Color or race 6. (a) Single, married, widowed, o	or divorced MEDICAL CERTIFICATION
	WEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH
6.(b) Name of husband or wife. Mabel	21. I CERTIFY that death occurred on the date above stated: that attended deceased from
	years much 6 1946, 10 Dept. 10 1948
7. Birth date of deceased (mo., day, yr.) Dec. 15, 1898	and that I last saw has alive on Seath OURATION
8. AGE: Years Months Days It less than one of	lumediate course death OURATION Mar 6-17:
49 9 25hrs.	min.
9. Birihptace Upperville, Fauguier, Va	V •
10. Usual occupation Buttermaker	Due to.
11. Industry or business Superior Dairy Co.	
12. Name Alexander Scott	Bther conditions
Alexander Scott 12. Name Marshall Va.	(Include pregnancy within 3 months of death)
14 Maiden name Della Sinclair	
14. Maiden name Della Sinclair 15. Dirthpiace Marshall, Va.	Major fisdiogs of operations
16. Interment Mrs. Edwin Scott	
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 511 Maryland Ave. Burial Burial Sept.	12, 1948. VIOLENCE: It death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal, Which?) Date thereot. Sept. (month) (
Cemetery or crematory Rose Hill Cemeter	Where did injury occur? (City or town) (County) (State)
Location Hagerstown, Md.	
18. Funeral director A. K. Coffman	Means of Injury Injured at work?
Address Hagerstown Md.	23. SIGNATURE Ledney hoversten ma
Sept 11. 1.48 Gustille	23. SIGNATURE M. D. or other



CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No. 300
1. PLACE OF DEATH: County Washington City or town Boonsboro	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside eity or town limits, write RURAL and give nearest town) Now long in above place of death? Hospital, institution, or street address where death occurred:	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Sirest No. 3632 Elm St
Guilford Nursing Home How long in hospital or institution? Z weeks	(If rural, give LOCATION) NONE 2.(a) Il veteran, name war
3. (a) FULL NAME MRS IDA BARR SMITH	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Femile White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 20 1948 19
6.(b) Name of husband or wife Esten A Smith 6.(c) If alive, give age 81 years 7. Birth date of deceased (mo., day, yr.) February 8 1867	21. I CERTIFY that death occurred on the date above stated; that I sitended deceased from 19. 4.8. to Sephen 20. 19. 4.8. and that I last saw h
8. AGE: Years Months Days It less than one day 81 7 12hrsmin.	Immediate cause of death DURATION Landau Alaman Fig. 15 day
9. Birthplace Breathedsville Wash. Co. Md. (Town, county, and state) 10. Usual occupation. Housewife	Due to.
11. Industry or business Own Home 12. Name Cullen Barr 13. Birthplace Hagerstown Md.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Catherine E. Doub 15. Birthplace Hagerstown Md.	(Include pregnancy within 3 months of death) Major findings of operations
Address Boonsboro Md.	Actopsy resolts
Burial Date thereof 9/22/48	Accident, suicide, or homicide
Location Chewsville Md. 18. Funeral director Andrew K. Coffman	Injured at home, farm, industry, public place (where?) Means of injury tnjured at work?
Address Hagerstown Md. 19 Sept. 20. 19 (Daldree'd by registrar) 19 Registrar	23. SIGNATURE Dela M. D. On B. M. D. D. D. M. D. D. D. M. D. D. D. M. D.

information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr. Wells

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhern infants give residence of mother)		
County Washington	state Maryland county Washington		
City or town. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 5 Hours	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Maryland Ribbon Co.	Street No. 105 E. Washington St		
How long in hospital or institution? 5 Hours	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME			
	3. (b) Social Security Number		
PAUL EDGAR SPALDING 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	214-09-6697		
	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH September 27 1948 ,13:20		
B.(b) Name of husband or wife. Grace E.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of Section 1. Birth date of Section 2000 Se	19 10		
7. Birth date of deceased (mo., day, yr.) December 8 1888	and that I last saw h alive on 19		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
59 7 19hrsmin.	arteriosclerotic coronary		
9. Birthplace Point of Rocks Fred. Co. Md.	Due to heart disease		
10. Usual occupation Loom Mechanic	Buete acute coronary occlusion		
f1. Industry or business Md. Ribbon Co.			
E 12. Name Howard J Spalding 13. Sirthplace Frederick Md.	Diher conditions		
Z 13. Birthplace Frederick Md.	finclude pregnancy within 3 months of death)		
# 14 Maiden name Hattie Nichols			
5 Birtheless Point of Rocks Md.	Major findings of operations.		
14. Maiden name Hattie Nichols 15. Birthplace Point of Rocks Md. 16. Informant Mrs. Grace E. Spalding	Autopsy results NO		
	PHYSICIAN: Please underline the easse to which death should be charged statistically.		
Address Hagerstown Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Burial (Burial, eremation, or removat, Which?) (Burial, eremation, or removat, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Rosee Hill Cemetery	Where did Injusy occur?(City or town) (County) (State)		
Location Hagerstown Md.	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)		
18. Funeral director Andrew K. Coffman	Meens of Injury Injured at work?		
Address Hagerstown Md.	She Roler Wells WASH. CO., MD.		
Tolet 30 10 Chapter und	23. SIGNITURE LANCE CO., M.D.		
(Data rec'd by registrar) Registrar	Address a certown hid Date Stop : 28.4		

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OCT 4 1948 -

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 13

Reg. Dist. No. 308

				Reg. Dist. No	******
1. PLACE OF DEATH: County Washington Hagerstown Rural		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Washington City or town Hagerstown Rural (If outside city or town limits, write RURAL and give nearest town) Hagerstown Route # 2			
City or lown:					
		#	(If rural, giv 2.(a) It veleran, name war	e LOCATION)	
3. (a) FULL NAME		ara Mae Ida Spreche	er	3. (b) Social Security None	Number
4. Ser Female	S. Color or race White	8.(a)Single, married, widowed, or divorced Married	10 // -/	ERTIFICATION	7.30 A
6.(b) Nome of husband (Sprecher	21. I CERTIFY that death occurred on the date ob	pove stated; that I stiended dece	geed from
7. Birth date of deceased (ma., day, yr 8. AGE: Yeers	Decemb	er 23, 1883 Daye It less than one day	and that I last saw h.exalive on 1.2		DURATION 4 day
6.4 9. BirthpleceWa.	shington	County Maryland			10 ys +
10. Veuel occupetion			Due to		
13. Birthplace	Washingt	Grove on Co. Maryland	Other conditions (Include pregnancy within 8	months of death)	
14. Maiden name	Feciha Lancaste	C. Stech r Co. Penna.	Major findings of operations		
16. Informant		echer Route # 8	Actopsy resolts		=======
Buria (Burial, cremation,] or removal, Which?	Date thereof Sept. 15, 19 (month) (day) (year)		Dalo ot	
		uls Cemetery own Route # 2	Where did injury occur?(City or town) tnjured at home, farm, industry, public place (i		(State)
18. Funerel director	Snyder	-Rowland ring, Maryland	Means of Injury	Injured at work?	
Address 19. Sefet /		Fine Maryland	23. SIGNATURE STATE Address 238 N Prtomas	M. D.	or other

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 4		CERTIFICAT	LE OF DEATH	Reg. Dist. No	0.01
How long in above pla Hospital, institution, 17 Sout	Iliamspor r outside city or town lin ce of death? 31 or street address where d	nits, write RURAL and give near-at town) Years eath occurred: St.	City or town. Williamsport (If outside city or town lim Street No. 17 South Vern	Washington t nits, write RURAL and give near mont ive LOCATION)	rest town)
3. (a) FULL NAI		tress Stevens		3. (b) Social Security I	Number
Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Divorced	MEDICAL 20. DATE OF DEATH	CERTIFICATION 3/4/819	.5:50F
e (h) Nama at husbas	nd or wife	Bear	21. I CERTIFY that death occurred on the date	above stated; that I attempted decea	red from
S State data of	y, yr.) Sept. 2		and that I last saw here alive on	9/23/183/ Ourd Cerry retastasis	DURATION VILL
18. Usual occupation	Housewif	ty,Pennsylvania	Due to		
图 12 Name 09	nian stev	ens	Other conditions		
13. Birthplace 14. Maiden nam 15. Birthplace	Mary Cath	unty, Pennsylvania erine Trumpower unty, Pennsylvania ens	(Include pregnancy within		
1B. Informant W11	John Stev Liamsport	ens , Md.	Autopsy results		
Buria (Burial, cremati	on, or removal, Which?) alory Greenla	wn Cemetery	22. VIOLENCE: If death was due to external Accident, suicide, or homicide Where did injury occur?	n) (County)	(State)
	liamsport		Injured at home, farm, industry, public place	(where?)	**************
18 Funeral director Address 11 Slept (Date rec'd by	Ldith V. liamsport	Leaf, Md. Ede Mellry Registrar	23. SIGNATURE Address Laws for	Foliu 9 Hus Date signed	or other /2



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAL	E OF DEATH Reg. Dist. No	50 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
4. Sex 5. Color or rece 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widow	20, DATE OF DEATH Sept 25 19.48	1 930AV
6.(b) Hame of hyeband or with George Stevens 6.(c) It allive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended decaased from 19	
deceased (me., day, yr.) June 9, 1870	Immedista csuse of desth	DURATION
8. AGE: Years Menths Days It less than one day	Contras formatage on thrombes is	Monsh
8. Siribptace Williamsport Maryland (Town, county, and atate) 10. Usual occupation Housework 11. Industry ar business	Due to. Jeuf - arteris Scensis	
12. Name George Williamson 13. Birthplace Williamsport, Maryland	Other conditions	Spenago
14 Maides same Susan Love 15 Birthplace Williamsport, Maryland Mrs. Joseph McPherson	Major findings of sperations	
16. Informant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Hagerstown, Maryland 17. Burial Oate thereot 9-28-48 (month) (day) (year) Cametery or crematory. Rose Hill Cemetery	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
Location WiHagerstown, Maryland	Injured al home, farm, Industry, public place (where?)	
18. Fusaral director	Means of Injury tnjured at work?	
Address Hagerstown Maryland 19. Salt 27 19 48 Charthowell (Data fee'd by registrar) Registrar	9/ - 1/1	wep. 25/

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0975 Reg. Dist. No. **300**

1. PLACE OF DEATH: 4/1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother),
County Duranty	Marine Tillion antend
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? /8 years	City or town
Hospital, Institution or streat address where death occurred:	Street No. C Katman Street
(Ralman Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, nama war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Lucy Ann Stewar	4
4. Sex 5. Color or raca (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale negro Married	20. DATE OF DEATH, DESCENDEN 1) 1948 at 9,15 Km
Slemm Stowards	21. I CERTIFY that days occurred on the data above stated: that I altended daceased from
6,(b) Name of husband or wife	
7. Birth date of	and that I last saw halive on
dacaased (mo., day, yr.) Deplember 11, 18/1	Immediate cause of death
8. AGE: Years Month's Days It lass than one day	Al Maria of the
// // of /hrsmin.	Chlone Myocardin 370
9. Birthplace Cing George County Va. (Town, cogney, and state)	Dua 10
10. Usual occupation. Hausewife	Oue to
11. Industry or business	046.10
	Other conditions
12. Nama Richard, Williams 13. Birtholaca King George, Country, Va.	
M / Maralenal/	(Include pregnancy within 3 months of death)
14. Maidan name	Major fiadiage of operations.
15. Birthpiaca Unknayu	Oate of op.
18. Interment Usaca Mae Slewgrof	Autopsy results
Addrass 1/2, W. Bethel Street	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Birial , Data thereof 9/21/48	22. VIOLENCE: If death was due to extarnal causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accidant, suicide, or homicide
. Camatery or crematory Klise Stell Cemetry	Whera did Injury occur?
Location Hagerstown md.	Injured at home, farm, Industry, public place (whara?)
Will itto	Means of Injury Injurad al work?
18. Funeral Virector.	Land an Out
Addrass 29 tyrensely st Hoggestone	23. SIGNATURE THUREN MAIL
1. Sept. 21, 48 & El/Bours	M. D. or other
19. (Date rof d by registrar) Registrar	Addrass Constoro Date signed 1/10/40





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 302

City or town			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoty Washington City or town (17 outside city or town limits, write RURAL and give nearest town)	
3. (a) FULL NAM		P. Thomas		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male	White	Widower	20. DATE OF DEATH Sept. 6.	19 48 , 4:30P
6.(b) Name of husband or wife Laura V. 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) October 12, 1863			21. I CERTURY that death occurred on the date above stated; that Lattended degrased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
8. AGE: Yea		Days It less than one day	aleno sclente C-V	- Rollsear 10 yr +
8. Birihplace Hagerstown, Md. (Town, county, and state) 10. Usual occupation Sect. Central Chemical Corp. 11. Industry or business Retired 2 12. Name Jacob B. Thomas			Due to	
13. Birthplace	Chewsvi	lle. Md.	Other conditions	
14. Maiden name	Nancy Lo	ong	Major findings of operations.	
14. Maiden name Nancy Long 15. Dirthplace Chewsville, Md. 16. Informant Mrs. Mary Bownan Address Hagerstown, Md. 17. Burial Date thereof Sept. 9, 1948 (Burial, cremation, or removal, Which?)			Actopsy resolts	
				Date ot
Cemetery or crematory Rose Hill Cemetery			Where did Injury occur?	
		town, Md.	Injured at home. tarm, industry, public place (who	
18. Funeral director.	A. K.	Coffman	Means of Injury	Injured at work?
Address	Hagers	town, Md.	1 A Thue	py
Address Hagerstown, Md. 19. Sept a 9:48 Startflowers, Registrar (Date for d by registrar) Registrar			Address 2 30 m Prima	M. D. or uther

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BUREAU V. 8.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washington				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above piece of death? 12 years			***************************************	state Maryland . c	ouoly Washingt	on
			URAL and give nearest town)	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
How long in above ples	ce of deeth?	years	,			
	or etreet address where		: [1]	Street NoBrookline	e. K.D.#	
	or Inelitution?3.	ua.y.s		2.(a) It veteran, name war		
3. (a) FULL NAM	ME				3. (b) Social Security	y Number
Alt	ta Tracy				NONE	
4, Sax	S. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL O	CERTIFICATION	L.D.T.
Female	White	T	Divorced	20. DATE OF OEATH Sept. 17		
8.(b) Name of hucken	d or wite Char	tes (). Tracy	21. I CERTIFY that death occurred on the date a		
			c) If elive, give ageye	ars		
7. Birth date of	.yr.) Jan 19	1000				
8. AGE: Yea		Daye	It lees than one day	Immediate couse of death		DURATION
49	The state of the s	28	hrsm	Suffocation by ha	nging	**
a manager I	reder å ¢k	Count	y Maryland.			
10. Usuat occupation	Home	Dutie	.s	Due to		
11. Industry or bustne	aee			B40 10.		
	Dallas 1	lisner		Other conditions		
			Md.			5 4
				(Include pregnancy within		
본 14. Maiden nam	ROSIE C	Gree	n inty,Maryland. itzel	Major fiediogs of operations. None		***************************************
£ 15. Birthplace	Frederic	k Cou	inty, Maryland.		Oate of op	
Mrs	s. Elizabe	eth We	etzel	Autopsy resolts None		
	gerstown,			PHYSICIAN: Piesse underline the coose to	which death should be chorged	statistically.
				22. VIOLENCE: If death was due to externat c	ausee, till in the following:	
17 Buri	2]	Date ther	eef Sept 20,19. (month) (day) (year)	48 Accident, euicide, or homicideSuici	ide Dote of 9/	/17/48
(Burier, crematic	Mt. Be	thel	Cometery	Where did injury accur? Hagersto	own Wash.	lid.
Cemetery or crematery Mt. Bethel Cemetery				(City or town	Wash. Co	. Jail
	Location Near Garfield, Maryland.			Where did injury occur? Hagers to (City or town tnjured at home, farm, industry, public place of	(where?)	^
18. Funerat director	Fred W.	Krais	<u>s</u>	Menic of Inlati	111,0100 01 110111	EDICAL EXAM
Address J	Hagerstown	Mary	land.	& Robert W.	ello WASH.	CO., MD.
Kolin	1.20 cts	16	Esst Vlouvar	23. SIGRAPORE	M. D.	
18. (Dete ree'd by registrer) Registrer				Address Hagerstown	10. Date signed.	7/70/4



) T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	IE OF DEATH	Dist. No. 303
1. PLACE OF DEATH: County Washington City or town. Ernstville, Md. (If ontside city or town limits, write RURAL and give nearest town) 35 years Hospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASEI (For newborn infants give residence of mother) State Maryland County Was Ernstville City or town (If outside city or town limits, write RURA Street No.	D: Shington Land give nearest town)
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veleran, name war	***************************************
3.(a) FULL NAME Clarence Grant Turner		cial Security Number
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION September 26.	
8.(b) Name of husband or wife Bessie Turner 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) May 2, 1889	21. I CERTIFY that death occurred on the date above stated; that JUNE 2. 1948 19 10 10 10 10 10 10 10 10 10 10 10 10 10	SEPT. 25, 1948
8. AGE: Years Months Days If less than one day 59 4 24hrsmin.	Immediate cause of death	4 YEA
9. Birthplace Luray, Va. (Town, county, and state) 10. Usual occupation Farmer 11. Industry or business Farming 12. Kame Grant Turner 13. Birthplace Virginia	Due to	
14. Malden name Nancy Painter 15. Birthplace Virginia	(Include pregnancy within 8 months of dea	ate of op
Mrs. John Reed Address Big Pool, Md.	Autopsy results	ould be charged statistically.
17 Burial Date thereof Sept. 28, 1948 (Burlal, cremation, or removal, Which?) (month) (day) (year) Cemelery or crematory Shanktown Cemetery	Accident, suicide, or homicide	Dale of
Big Pool, Md. 16. Funeral director. Snyder-Rowland	Injured at home, farm, Industry, public place (where?)	red at work?
Address Hancock, Md.	23. SIGNATURE Cliebis Gobies Usay Clear Agrony Ma	M. D. 9.27.4

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BUREAU Y. S.

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VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

er. Dist. No. 30/

	Kog, Dist. No.
1. PLACE OF DEATH: County. Washing ton City or town. Williamsport. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? dospilal, institution, or street address where death occurred: 31 Fenton Ave. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State Maryland County Washington City or town. Williamsport (If outside city or town limits, write RURAL and give nearest town) Sirsel No. 31 Fenton Ave. (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME Myrtle Frances Turner	3. (b) Social Security Number None
Female White Married widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Nams of husband or wife Richard Preston Turner 6.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 10 2 5 19 and that I last saw has alive on 9 5 5 40 19 Immediate cause of death occurred on the date above stated: that I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
9. Sirihplace Near Downsville, Wash., Maryland (Town, county, und state) 10. Usual occupation. Housewife 11. Industry or business At Home	Due to
12. Name Jacob Wolford Pennsylvania	Other conditions
14. Malden name Mary Ellen Poppe Pennsylvania	(Include pregnuncy within 3 months of death) Major findings of operations
16. Informant Richard Preston Turner Address Williamsport, Md.	Autopsy results
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Bate thereof Sept. 27,1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Mrs. Edith V. Leaf Address Williamsport, Md.	Injured at home, farm, Industry, public place (where?) Msens of injury tajured at work?
19. Sept-27 19. 48 Mrs. & Jos M. Elsoy. Registrar	Address Cellaus for Us Date signed 27

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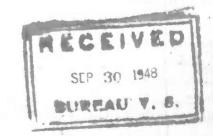
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEA County	ashingto learspri utside city or town its of death?	ng mits, write RU ife	JRAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Washington Clears pring (If outside city or town limits, write RURAL and give nearest town)	
Clears	pring			Strast No	l, give LOCATION)
Now long in hospital or	Institution?		**************************************	2.(a) if veteran, name war	
3. (a) FULL NAME		Ellen	Ward		3. (b) Social Security Number None
4, 811	5. Coler or racs	6.(a) Single	marrisd, widowsd, or divorced	MEDICA	L CERTIFICATION
Female	White		Widowed	20. DATE OF DEATH Sept. 2	1, 1948 ,11:15 A.M
8.(b) Nems of husband or wife Dallas L. Ward 8.(c) It alive, give age years 7. Birth data at decessed (mo., day, yr.) November 20, 1863			It alive, givs sgeys	••••	ats above stated; that I attended deceased from 19
8. AGE: Ysers 84	Months	Days 1	It isss than one dayhrs.	A CONTRACTOR OF THE PARTY OF TH	Aclerosio 3 yes
B. Birthplace. Washington County Maryland 18. Usual occupation. Home duties 11. Industry se business 12. Name. Jacob Shank 13. Birthplace Maryland				Dus to Carlesia Dus to Dus to Diher conditions Carlesia	Aclerosis 10 ye
14. Meiden name Angeline Eddie 15. Birthplacs Maryland			e	Major findings of operations	thin 3 months of death)
18. tatormant Mrs. Fred Kuhn Address Clearspring, Maryland				Autopsy results PHYSICIAN: Please underline the cause 22. VfOLENCE: Il dsath was due to exte	e to which death should be charged statistically.
Completely or cromate		Paul's	Cemetery	1.948 Accident, suicide, or homicide	Date of
locellon Western Pike 18. Funeral director Snyder - Rowland Address Clearspring Md				Means of Injury	P. Brewer M. D





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

306 Reg. Dist. No. +9+

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County Output	man and relact 1
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County Amuara
How long in above place of death? Laye	(if outside sty or town timits, write RURAL and give nearest town)
Hospital, Institution, or street paddress where death occurred:	Man SX
fitche Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W sugle	20. DATE OF DEATH 9/12 19.48 at 2:20Pm
6.(b) Name of husband or wite	21. t CERTIFY that death occurred on the date above stated; that I attended deceased from
	9/8 19/ 10 2/2 19 48
7. Birth date of	and that I last saw h AM alive on 9/12/48 19
deceased (mo., day, yr.)	Immediate causeof death DURATION
8. AGE: Years Months Days It less than one day	
Lexingua	
9. Birthplace	Due to
10. Usual occupation More quiew	Due to.
11. Industry or business	006 (0.
12. Name Dutrick Wicker	Other conditions augurys m of antarbut systilis
13. Birthplace Alexander	Her actor toplerases sendite De
K 13. Birinpiace	(Include pregnancy within 3 months of death)
14. Maiden name / Manual / Man	Major findings of aperations.
2 15. Birthplace Hermany	
16. Interman Noegetal Revels.	Autopsy results
Address Checade med	22. VIOLENCE: If death was due to external causes, fill in the following:
12 Burel Date thereof 9-14-48	
(Furial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Ellerate Cite my	Injured at home, farm, industry, public place (where?)
TONE WITE	Msans of injury Injured at work?
1B. Funeral director	
Address Ellisty City Mig	- 23 SIGNATURE IM. Christon M. D.
9-14- 148 John B. Long hyan	M. D. or other
(Date rec'd by registrar)	Address William Stout S. Date signed 9/13-14-8

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SEP 28 1948

BUREAU V. S.

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md Date signed 10-1-48

2411 N. Charles St., Baltimore

09763 Rog. Dist. No. 903.

CERTIFICATE OF DEATH

	ngton		R R D 2	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)	
City or town Ural Clearspring R. F. D. 2. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:			ears.	City or town limits, write RURAL and give nearest town)		
		******		(If rural, give l		
How long in hospital or in	stitution?			2.(a) If veteran, name war		
3. (a) FULL NAME Kather	ine Bar	hara	Wilev		3. (b) Social Security I	lumber
4. Sex :	5. Color or race	6.(a)Singt	Wiley e, married, Widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Wi	dowed.	20. DATE OF DEATH SEPTEMBER 2	9, 1948	1:30
				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from SEPT. 28, 1948		29 . 19 . 4
7. Birth date of deceased (mo., day, yr.)			e) It alive, give ageyears	and that I last saw h ER alive on SEP		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death CEREBRAL HEMORRHAGE		DURATION 12 HR
9. Birthplace Big Pool Md. Washington. (Town, county, and state) 1D. Usual occupation Housewife. Home.			shington.	Due to	OYASCULAR	?
11. Industry or business 12. Name Jaco 13. Birthplace Bi	b Mills	3.		THYROTOXICOSIS Other conditions		
				(Include pregnancy within 8 m NONE		
14. Maiden name. Mary Kensel. 15. Birthplace Big Pool Md. 18. Informantirs, Ada Grove. Addres Big Pool Md. R. F. D. 17. Burial. (Burial, cremation, or removal, Which?) Oate thereol. Oct 2 1948. (month) (day) (year)				Antopsy results		
				22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Oate of	
Cometery or crematory Park Head. Location Near Clearspring Md.				Where did Injury occur?		(State)
1B Funeral director		n.V.Le	af.	Means of Injury	tnjured at work?	
Address	HITTIG	US DOT	1	23. SIGNATURE CLEANING	open ora	44

Address

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WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

OCT 5 1948

BUREAU Y. S.

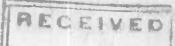
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CERTIFICATE OF DEATH

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TIME IN THE PARTY		

PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For hewborn infants give residence of mother) We shy he and		
intyWas	hington			
or town . Hag	er stown wn limits, write RURAL and give nearest town)	State Maryland County Washington		
		City or town (If outside city or town limits, write RURAL and give nearest town)		
w long in above place of death? spital, institution, or street address w				
	ty Hospital	(If rural, give LOCATION)		
-	3 weeks	2,(a) If veteran, name war		
(a) FULL NAME Gran	t Wyand	3. (b) fisjal Security Number		
Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White	Widowed			
		20. DATE OF DEATH		
b) Name of husband or wite	Etta (Rohrer) Wyand	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		august 3 19 4 8 10 Sept 3 19 4 8		
Birth date of	t. 3,1864	and that I last saw h and alive on		
Becesses (mo., day, yr.)		Immediate cause of death		
AGE: Years Months	Days tt less than one day	Brondispremoura 3 day		
84 0	Omin.			
Birthplace Keedysvill	e-Wash -Md	Due to Come a a arterio alinacio		
(Te	own, connty, and state)	E mental eletinosation 3 years		
. Usual occupation Retired	Merchant	Post in		
tudustry or business		Due 10		
12. Name Frederic	k Wyand	Other conditions Charle lathuans 10 year		
13. Birthplace Eakles	Committee of the Artist Committee of the	(Include pregnancy within 5 months of death).		
	kard			
		Major findings of operations Clube Letterans		
15. Birthplace Frederic	k County	Date of op. 8-27-48		
Interment Mr. Earl	Whitmore	Autopsy results		
Address Funkatown		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
		22. VIOLENCE: tf death was due to external causes, fill in the following:		
Burial (Burial, cremation, or removal. Wi	Date thereof	Accident, suicide, or homicide		
Cemetery or crematory. Fa		Whers did injury occur?		
LocationKe.	edys.ville, Md	Injured at home, farm, industry, public place (where?)		
R. Funeral director	I. Earnshaw	Means of injury injured at work?		
Address Ke	edysville. Md.	do. 00 Dr. Welt Ma		
1 6 hes	11 00 1111 mans	23. SIONATURE M. D. or other		
(Date rec's by registrar)	Registrar	Address Hayers Com Manyland Date signed 9/3/48		
		Management and a contract of the contract o		



SEP 6 1948

BUREAU V. F.